Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street Arlington, MA 02476

Board of Health Meeting Agenda
Ground Floor Conference Room
Arlington Senior Center
Wednesday, February 6, 2019
5:30 PM

1. Acceptance of Meeting Minutes from December 5, 2018
2. HEARING:
   19 Beck Road - Basement
3. HEARING:
   Microblading
4. HEARING:
   Regulation of the Arlington Board of Health Restricting the Sale of Medical Marijuana
5. DISCUSSION:
   Hemp Based CBD Oil
6. DISCUSSION:
   Tobacco Regulation Update
7. UPDATES:
   Environmental Update
8. UPDATES:
   Restaurant Updates
9. UPDATES:
   Public Health Nurse Updates

Adjourn

Town of Arlington, Massachusetts

Acceptance of Meeting Minutes from December 5, 2018

ATTACHMENTS:

	Type	File Name	Description
	Reference Material	12052018_Minutes_Board_of_Health_draft.pdf	12-5-2019 Minutes Board of Health

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

D R A F T
Board of Health Meeting Minutes
Wednesday, December 5, 2018
BOH Conference Room – Mural Room
Arlington Senior Center
5:30 pm

Board Members in Attendance: Dr. Marie Walsh Condon, Mr. Kenneth Kohlberg, Dr. Kevin Fallon

Staff in Attendance: Natasha Waden, Director of Public Health; Padraig Martin, Health Compliance Officer, Kylee Sullivan, Health Compliance Officer; Jessica Kerr, Public Health Nurse; Nina Shields, Public Health Associate

Others in Attendance: Cheryl Sbarra (MAHB), Ping Zheng (USushi Café)

Recording Secretary: Laura Munsey, Health & Human Services Office Manager

Meeting called to order by Dr. Marie Walsh Condon at 5:30 pm.

Dr. Walsh Condon asked the Board and those in attendance for a moment of silence to honor Arlington Select Board Member Kevin Greely and President George Bush who both recently passed away.

1. **AGENDA ITEM:**

Acceptance of Meeting Minutes from October 24, 2018

A Motion was made by Dr. Kevin Fallon which was seconded by Mr. Kenneth Kohlberg to accept the October 24, 2018 Meeting Minutes as Submitted.

Vote: 3 - 0 in favor of the motion (Unanimous)

Acceptance of Meeting Minutes from November 14, 2018

A Motion was made by Mr. Kenneth Kohlberg which was seconded by Dr. Kevin Fallon to accept the November 14, 2018 Meeting Minutes as Amended.

Vote: 3 -0 in favor of the motion (Unanimous)

2. HEARING

Regulation to Ensure the Sanitary and Safe Operation of Adult-Use Marijuana Establishments and the Sale of Adult-Use Marijuana

Director Waden introduced Cheryl Sbarra of the Massachusetts Association of Health Boards (MAHB). She informed the Board that Inspectors Martin and Sullivan worked diligently on the proposed Regulations. Inspector Martin reviewed all changes incorporated into the draft document.

Dr. Walsh Condon had a question under Section D, 1, ii, regarding Marijuana Delivery-only establishments, and inquired if the Board could add to the definition, because it is unclear as currently written.

Cheryl Sbarra informed the Board that 2 Parts in the original Cannabis Control Commission (CCC) Regulations (Social Consumption and Home Delivery) are on hold. She stated a Social Consumption Committee has been formed. The Home Delivery Committee has recommended that more research is needed for Policy Issues.

Ms. Sbarra recommended the Board leave the Arlington Board of Health Regulation as currently written, and the Board has a right to make changes as additional information and research is provided or becomes available.

Director Waden recommended additional language be added to support the Arlington Health Department's enforcement of policies and procedures outlined in the Cannabis Control Commission (CCC) regulations pertaining to Adult Use Marijuana. Cheryl Sbarro offered to provide language from the MAHB as a separate section. The language would be similar to the following: "Incorporation of 935 CMR 500.000: All marijuana establishments shall comply with the provisions of 935 CMR 500.000." Incorporation of this language into local regulations would allow the Health Department to enforce all aspects of the CCC regulation.

Ms. Sbarra complimented the Arlington Health Department and Board for these Regulations, and asked if the MAHB could use these as one of the model regulations/templates used on their website.

A Motion was made by Dr. Kevin Fallon which was seconded by Mr. Kenneth Kohlberg to accept the Regulation to Ensure the Sanitary and Safe Operation of Adult-Use Marijuana Establishments and the Sale of Adult-Use Marijuana with the addition of the proposed language provided by the Massachusetts Association of Health Boards: All marijuana establishments shall comply with the provisions of 935 CMR 500.000.

Vote: 3 - 0 in favor of the motion (Unanimous)

3. HEARING

Appointment of Cindy Sheridan Curran to Agent of the BOH

Director Waden provided the Board with a memo dated October 18, 2018 to appoint Cindy Sheridan Curran as an Agent of the Board of Health to enforce any violations associated with the Board of Health Regulations: Prohibiting Smoking in Workplaces and Public Places. Director Waden stated that the Health Department receives frequent complaints by Arlington Public School personnel regarding youth smoking or vaping on school grounds at the Middle and High Schools. In Ms. Curran's role as Jail Diversion Coordinator for the Schools, her work with the Restorative Justice Program, and her existing relationships with the students, she would be an invaluable asset in aiding with this issue. Director Waden further stated that Cindy works closely with the Arlington Youth Health and Safety Coalition Director, who manages the youth tobacco violation process. As an agent of the Board of Health, Ms. Curran would assist in streamlining the process of issuing tickets, following up with parents, confirming payment of fines issued, and pursuing court complaints when necessary.

Mr. Kenneth Kohlberg informed the Board he is a friend of Ms. Curran and will need to abstain from the vote.

A Motion was made by Dr. Kevin Fallon which was seconded by Dr. Marie Walsh Condon to appoint Cindy Sheridan Curran an Agent of the Board of Health to enforce any violations associated with the Board of Health Regulations: Prohibiting Smoking in Workplaces and Public Places.

Vote: 2 – 0 in favor of the Motion; 1 abstention (Mr. Kenneth Kohlberg)

4. HEARING

USushi Café (474 Massachusetts Avenue) – Variance Request

Inspector Sullivan informed the Board that a Plan Review has been received from USushi Café (474 Massachuestts Avenue). She stated that a component of the Plan Review application was a variance request to use acidification, through the use of a vinegar solution, to render cooked rice a non-potentially hazardous food. Inspector Sullivan reported that all components of the Plan Review application and variance request were complete and in compliance with the Food Code. She stated she has discussed the importance of filling out pH logs as a condition of variance approval with the Applicants. Inspector Sullivan recommended approval of the variance request, and stated meters and strips will be used for monitoring pH levels.

A Motion was made by Mr. Kevin Fallon which was seconded by Mr. Kenneth Kohlberg to grant a variance request to USushi Café to use acidification, through the use of vinegar solution to render cooked rice a non-potentially hazardous food in the production of Sushi rice.

Vote: 3-0 in favor of the motion (Unanimous)

5. HEARING

Medical Marijuana

Director Waden presented the Board with an updated draft of the Regulation of the Arlington Board of Health Restricting the Sale of Medical Marijuana to change the Massachusetts Department of Public Health (DPH) to the Cannabis Control Commission (CCC) throughout the document. No other changes have been made at this time.

She stated that oversight of the Massachusetts Medical Use Marijuana Program will be changed from Massachusetts Department of Public Health to the Cannabis Control Commission (CCC) in Januray 2019. The CCC regulations 935 CMR 501.000 MEDICAL USE OF MARIJUANA have not yet been finalized. As such, the Health Department has amended our regulations to temporarily address the gap between now and February when we will put forth an updated version to fully reflect the final CCC version.

A Motion was made by Mr. Kenneth Kohlberg which was seconded by Dr. Kevin Fallon to accept the revised Regulation of the Arlington Board of Health Restricting the Sale of Medical Marijuana.

Vote: 3-0 in favor of the motion (Unanimous)

6. UPDATES:

Environmental Updates

Inspector Sullivan informed the Board that the Health Department is now eligible for a grant funded by the Attorney General Office's Abandoned Housing Initiative (AHI) to implement electronic housing software throughout the Department. The Health Department is eligible for this grant opportunity due to its continuous efforts working with the AHI to reduce the number of abandoned and blighted properties in Town.

The electronic software funded by this grant would improve efficiency and reduce redundancy with enforcing the State Sanitary Code as well as other Codes related to housing. Inspector Sullivan is in the process of researching various brands of software to determine which product would best fit the grant requirements and the Department's needs. Inspector Sullivan stated this software could benefit other Departments in Town such as Inspectional Services and the Fire Department. Inspector Sullivan has reached out to Adam Kurowski of the I.T. Department for his expertise in software selection.

In the future, another grant opportunity will be available through the AHI to fund demolition costs of abandoned properties that the AHI and the Town is working on to achieve compliance with applicable housing codes.

7. UPDATES:

Restaurant Updates

Inspector Martin informed the Board:

- No new restaurants have been opened.
- No restaurants have been closed.
- Annual renewals are underway. Over 200 permits will be issued for Food Establishments and Residential Kitchens.
- The Health Department held two 2013 Food Code Trainings, and the presentation is available on the Health Department website.

8. UPDATES:

Public Health Nurse Updates

Ms. Jessica Kerr informed the Board that the Health Department is finishing up flu clinics and have held 25 clinics to date, with the final clinic scheduled for December 6, 2018. Nurse Kerr stated that approximately 2,000 residents have been vaccinated, an increase of over 400 from last year. She reported there have been 6 confirmed cases of the flu for Arlington residents.

Nurse Kerr informed the Board that Arlington is now the host site for the Medical Reserve Corp (MRC) Region 4B. She stated this Region includes 18 different communities. She reported that Domenic Gentile is the Region 4B MRC Coordinator and a new database is being created through MA Responses. Recruitment events will be held in the near future.

Director Waden praised Nurse Kerr and the staff for their hard work and effort with the flu clinics. She further informed the Board that Ms. Nina Shields, Public Health Associate from Northeastern University, will be completing her internship in a couple weeks. Director Waden shared with the Board the exemplary job Ms. Shields has done, and that she has been an invaluable asset to the Department and will be greatly missed.

Meeting Adjourned @ 6:18 pm.

Town of Arlington, Massachusetts

19 Beck Road - Basement

ATTACHMENTS:

	Type	File Name	Description
🗋	Reference Material	19_Beck_Road_Memo.pdf	19 Beck Road Memo
🗋	Reference Material	19_Beck_Road_Basement_OL.pdf	19 Beck Road Basement Order Letter

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

To: Board of Health
From: Padraig Martin
Date: January 31, 2019
RE: 19 Beck Road – Basement Dwelling Unit

Health Compliance Officers Padraig Martin and Kylee Sullivan conducted an inspection of a dwelling unit at 19 Beck Road on January 17, 2019 at 11:30 am EST per the request of occupant Junfung Wang. The inspection was conducted in accordance with the regulations enumerated in *105 CMR 410.000: Minimum Standards of Fitness for Human Habitation.* This dwelling unit is located entirely in the basement of the single-family home located at the above-referenced address and is owned by Liu Liang and Gang Chen. The Notice of Violations & Correction Order (attached) was delivered via certified mail on January 29th.

It was explained to both parties that, based on the Housing Code, the basement dwelling unit is not habitable due to a ceiling height of less than 7' throughout the unit. Though this particular defect does not pose an immediate hazard, it is not likely able to be corrected at all, let alone in a timely manner. Since it is not an emergency matter, a hearing with the Board of Health would be held before issuing a finding of unfitness for human habitation. Both parties were invited to attend the hearing. Both parties were also informed that a referral was made to the Building Inspector to determine whether the property was zoned for the additional unit, and whether the second means of egress, a bulkhead door leading from the basement to the exterior, would qualify as an appropriate and acceptable second means of egress.

I spoke to Liu Liang on January 29th and explained that the more emergent violations, including the lack of smoke/CO alarms, would need to be remedied immediately as the occupants are still residing in the dwelling unit. I further explained other violations may be dismissed if the unit is deemed unfit for human habitation and/or is found to be illegal for zoning purposes and is subsequently vacated. Liu indicated she understood that it would not be feasible to increase the ceiling height to 7' in the basement and did not plan on contesting the matter. She stated that she is currently working on a plan to have Mr. Wang and his family relocate to the upstairs living area as two of the occupants are scheduled to move soon.

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

January 29, 2019

Sent via Email to: Kchen217@yahoo.com
Liu Liang
Gang Chen
24 Bellflower Street
Lexington, MA 02421

RE: 19 Beck Road. Arlington, MA – Basement Dwelling Unit
Notice of Violations and Correction Order
Board of Health Hearing

Dear Ms. Liang,

Health Compliance Officers Padraig Martin and Kylee Sullivan conducted an inspection of the above-referenced dwelling unit on January 17, 2019 at 11:30am EST per the request of occupant Junfung Wang. The inspection was conducted in accordance with the regulations enumerated in *105 CMR 410.000: Minimum Standards of Fitness for Human Habitation (the "Code")*. These regulations protect the health, safety and well-being of Massachusetts citizens and apply to every owner-occupied or rented dwelling, dwelling unit, mobile dwelling unit or rooming house in Massachusetts which is used for living, cooking, sleeping and eating. The following violations were noted during the inspection:

Violations

Basement Stairway

1. **Violation(s): No handrail was provided on the stairway leading from the first floor to basement landing.**
   Corrective Action(s): Provide a safe handrail for the stairway.
   Relevant Code Citation(s):
   105 CMR 410.503(A) which states "The owner of all dwellings shall provide: (A) A safe handrail for every stairway that is used or intended for use by the occupant as required by 780 CMR: Massachusetts State Building Code."
   105 CMR 410.750 states "this violation may endanger or impair the health or safety and well being of a person or persons occupying the premises."

Kitchen/Living Room Area

2. **Violation(s): Transparent or translucent glass which admits light from the outdoors is less than 8% of the entire floor area.**
   Corrective Action(s): Provide transparent or translucent glass which admits light from the outdoors and which is equal in area to no less than 8% of the entire floor area.
   Relevant Code Citation(s):
   105 CMR 410.250(A) which states "The owner shall provide for each habitable room other than a kitchen:(A) transparent or translucent glass which admits light from the outdoors and which is equal in area to no less than 8% of the entire floor area of that room."

3. **Violation(s): The lock on the kitchen window above stove was observed in a state of disrepair.**
   Corrective Action(s): Repair or replace window lock so window can be secured.
   Relevant Code Citation(s):
   105 CMR 410.480 (E) which states "The owner shall provide, install and maintain locks so that: (E) Every openable exterior window shall be capable of being secured."

Bathroom

4. **Violation(s): The bathroom window was unable to open.**
   Corrective Action(s): Repair or replace the window so it is able to open, or provide mechanical ventilation capable of exhausting air.
   Relevant Code Citation(s):
   105 CMR 410.280 which states " The owner shall provide for each habitable room, and room containing a toilet, bathtub or shower, ventilation to the outdoors consisting of: (A) windows, skylights, doors or transoms in the exterior walls or roofs that can be easily opened to a minimum of 4% of the floor area of that habitable room or room containing a toilet, bathtub or shower, provided, that a skylight which if open exposes the interior of the dwelling to direct rainfall shall not satisfy this requirement; or (B) Mechanical ventilation capable of exhausting air at the following rates:

Occupancy Classification	*Required Air Changes Per Hour*
Habitable rooms other than bath, toilet or shower rooms	2
Bath, toilet or shower rooms	5

Throughout the Dwelling Unit

5. **Violation(s): The floor-to-ceiling height in all parts of the dwelling unit was less than 7 feet.**
   Note(s): The floor-to-ceiling height in the kitchen/living room area and bedroom is 6 feet five inches. The floor-to-ceiling height in the side room adjacent to the bathroom is 6 feet 7 inches.
   Corrective Action(s): Provide a floor-to-ceiling height of at least 7 feet in all habitable areas of the dwelling unit.
   Relevant Code Citation(s):
   105 CMR 410.401(A) which states "no room shall be considered habitable if more than ¾ of its floor area has a floor-to-ceiling height of less than seven feet."

6. **Violation(s): Multiple windows throughout the basement dwelling were unable to open.**
   Corrective Action(s): Repair or replace windows so they may open to provide appropriate ventilation.
   Relevant Code Citation(s):
   105 CMR 410.280(A) which states " The owner shall provide for each habitable room, and room containing a toilet, bathtub or shower, ventilation to the outdoors consisting of: (A) windows, skylights, doors or transoms in the exterior walls or roofs that can be easily opened to a minimum of 4% of the floor area of that habitable room or room containing a toilet, bathtub or shower, provided, that a skylight which if open exposes the interior of the dwelling to direct rainfall shall not satisfy this requirement".

7. **Violation(s): The smoke detector in the dwelling unit, located adjacent to the bedroom, was not functioning as intended.**
   Corrective Action(s): Provide functioning smoke detectors to meet the requirements of State Board of Fire Prevention, State Board of Building Regulations and Standards, or the Board of Examiners of Plumbers and Gas Fitters.
   Relevant Code Citation(s):
   105 CMR 410.482(A) which states "(A) Owners shall provide, install, and maintain in operable condition smoke detectors and carbon monoxide alarms in every dwelling that is required to be equipped with smoke detectors and carbon monoxide alarms in accordance with any provision of the Massachusetts General Laws and any applicable regulations of the State Board of Fire Prevention (527 CMR), State Board of Building Regulations and Standards (780 CMR), or the Board of Examiners of Plumbers and Gas Fitters (248 CMR)."
   105 CMR 410.750 states "this violation may endanger or impair the health or safety and well being of a person or persons occupying the premises."

Referral: This Office made a referral to the Building Inspector on the following grounds:

- As this dwelling unit was located in the basement of the structure and is being let separately for occupancy, this Office questioned the legality of the unit in terms of zoning and permitting.
- This Office requested a determination as to whether the second means of egress meets the requirements set forth in the Massachusetts State Building Code. For this unit, the bulkhead door was considered a second means of egress.

Referral: This Office made a referral to the Fire Prevention Division on the following grounds:

- No functioning smoke detector available in dwelling unit (see item # 7).

You are hereby ordered to comply with the following:

A. Correct Violations #7 within twenty-four (24) hours of receipt of this letter. Please contact the undersigned via telephone or email upon completion.
B. Correct Violation #1 within five (5) days of receipt of this letter. Please contact the undersigned via telephone or email upon completion.
C. Correct all other Violations within thirty (30) days of receipt of this letter. Please contact the undersigned via telephone or email upon completion.

Please be advised the conditions which exist may permit the occupant of the dwelling unit to exercise one or more statutory remedies. **Please also be advised the Board of Health will consider issuing a finding that the basement dwelling unit is unfit for human habitation at a hearing to be held at 27 Maple Street in Arlington on February 6, 2019 at 5:30pm**. Such a finding would be based on the severity and totality of the conditions described herein, especially any substantial defects not likely to be corrected in a timely manner, including those described in Violations #2 and #5 above. A finding of unfitness for human habitation may result in an order of condemnation requiring you, the owner, to secure the dwelling and also requiring the occupant to vacate the dwelling unit.

Failure to comply with this order may result in legal action taken against you pursuant to 105 CMR 410.910. Be informed that you have the right to a hearing. This Office must receive written request for said hearing within seven days upon receipt of this order. You have the right to be represented at this hearing, and any affected party has a right to appear at the hearing. In addition, you have the right to inspect and obtain copies of all relevant reports, orders, notices and other documentary information in possession of this office. Please direct any questions to the undersigned.

Signed and certified under the pains and penalties of perjury:

Sincerely,

Padraig Martin
Health Compliance Officer
pmartin@town.arlington.ma.us
(781) 316-3169

cc: Natasha Waden, Director of Public Health
Junfung Wang, occupant
Richard Vallarelli, Building Inspector
Deputy Chief John Kelly, Fire Prevention Division

Town of Arlington, Massachusetts

Microblading

ATTACHMENTS:

	Type	File Name	Description
🗋	Reference Material	Microblading_Variance_Memo.pdf	Microblading Variance Memo
🗋	Reference Material	FINAL_Variance_Request.pdf	Microblading Variance Request
🗋	Reference Material	Tattoo_Reg_Sec_5_and_12.pdf	Tattoo Regulations Section 5 and 12

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

MEMO

To: Board of Health Members

From: Kylee Sullivan, Health Compliance Officer

Date: January 28, 2019

RE: Correspondence Received: Request for Body Art Variance

Ms. Kayla Bantz Lucente is requesting a variance from the *Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners*. Ms. Bantz Lucente is a licensed cosmetologist looking to open a cosmetic tattooing (microblading) establishment in Arlington at 294 Massachusetts Avenue.

Specifically, Ms. Bantz Lucente is requesting a variance from the follow sections of the Town's body art regulations:

1. Section 5. Restrictions: (E) Medical doctor licensed by the Commonwealth of Massachusetts
   Ms. Bantz Lucente is not a medical doctor licensed by the Commonwealth of Massachusetts and is requesting a variance from the requirement that only licensed medical doctors can perform cosmetic tattooing in Town.

2. Section 12. Application for Body Art Practitioner Permit: (G) Practitioner Training and Experience
   Ms. Bantz Lucente does not have at least two years actual experience in the practice of performing cosmetic tattooing activities which she seeks a body art practitioner permit. The applicant has completed a 5 day (50 hours) cosmetic tattooing training course hosted by "Microblading World."

The regulation of cosmetic tattooing is not consistent in surrounding communities. Communities such as Boston, Cambridge, and Medford permit cosmetic tattooing just as they permit body art and a variance is not required to perform this service. Similar to Arlington, Billerica restricts the performing of this service to licensed medical doctors. Additionally, communities such as Bedford do not permit cosmetic tattooing. The State model regulations guide communities to permit cosmetic tattooing as regular body art without requiring a variance.

Attached please find the following documents:

1. Variance request from Kayla Bantz Lucente (I recommend the Board pay close attention to the information provided in pages 1-6 of the variance request as the remaining pages include supplemental information and are not essential to the variance request)
2. The *Town of Arlington Rules and Regulations for Body Art Establishments and Practitioners* relevant definitions, Section 5. Restrictions, and Section 12. Application for Body Art Practitioner Permit

Microblading Variance

Hello my name is Kayla Bantz Lucente I'm here looking for your acceptance to allow me to open up a Microblading Studio (semi permanent cosmetic service) located at 294 Massachusetts Avenue (I was already granted permission from the landlord that I can practice this service in this space). I will be the only Artist practicing this service, I plan on opening and running this small business on my own. Marine Agency will cover my Business insurance.

The reason why I want to practice this service here in Arlington is because i want to better the community. We've all been there before, looking in the mirror and seeing something that we don't like about our self appearance. Thankfully that is were my service comes along, those that have little to no eyebrows due from over tweezing/waxing, alopecia, age, cancer, scaring etc. Some of those people choose to draw in their eyebrows everyday due to one of these factors, and others just don't have enough time in the morning due to a busy schedule, or because they don't have a steady enough hand or the artistic ability to draw brows on themselves.

Everyone! both men and women have insecurities with their eyebrows, wishing that they had their symmetrical eyebrows. A lot of women like to go out after they get out of work, and they don't want to continuously check on their brows in the mirror to see if they got smudged during one point of the night.. Some people are apart of sport activities and 75% of those people try and get away with wearing their make up during a practice/event or a game, and within the hour their makeup is all over their face. Again that's where microblading comes to the rescue, no more smudged eyebrows, no more stopping at home before you go out cause you need to fix your makeup, no more wiping your face makeup off and looking like a completely different person afterwards.

Microblading is a semi permanent cosmetic service that gives men/women the eyebrows they have always wished they had. Clients are required to fill out and sign a health history form and pre-care form during their consultation, this covers that the artist verbally went over everything the client needs to know and follow before they come in for their service. All clients will also be gifted with a take home pre-care card and that'll have all the information they need to know and follow. Every client will have their own client portfolio with all their filled out/signed forms, before and after picture, and little notes that i took after the service was complete.

The next step to this service is cleaning the brows/forehead from any left over makeup and dirt with an alcohol wipe. Then onto boxing out the clients eyebrows to the desired shape, size and length. Before moving onto the next step the artist needs to receive verbal approval

from the client that he/she loves the shape/ thickness/ length of the boxed eyebrows that were drawn around their current brows. This gives the client an idea of how their eyebrows will look. This service should take no longer than 1 hour 30 mins long from start to finish.

Once the service is finished the artist will show the client their finished result and will read over the post procedure care treatment with them, this card explains everything they should and shouldn't be doing up to 6-8 weeks post service. Clients will receive an after care card that they can bring home and follow. The artist will also explain to the client how many times a day and how to apply the after care treatment serum (this will be gifted post service). After the artist goes over the aftercare treatment with the client the client will then be required to sign an aftercare form, saying they heard and understood everything that the artist went over them about their post treatment.

This is an exceptional service for those with thin, thinning or even no eyebrows to achieve realistic strokes and NATURAL looking eyebrows for each client's facial structure. This service is ideal for filling in sparse areas of the eyebrows, defining and enhancing the brow shape. The end results is fine crisp natural hair strokes that last up to 12-18 months before the pigment begins to fade away. After the first 6-12 months client are encouraged to come back and get a touch up to keep the strokes looking fresh.

The Town of Arlington rules and regulations for body art establishments and practitioners states (section 5; Restrictions)

(E.) "The following practices are hereby prohibited unless performed by a medical doctor licensed by the Commonwealth of Massachusetts: cosmetic tattooing; tongue splitting; braiding; three dimensional/beading/implementation tooth filling/fracturing/removal/tattooing; cartilage modification; amputation; genital modification; introduction of saline or other liquids."

(Section 12.G; Application for body art practitioners permit- Practitioner training and experience)

(5.) "The applicant for all practitioners shall submit evidence satisfactory to the board of at least 2 years actual experience in the practice of performing body art activities of the kind for which the applicant seeks a body art practitioner permit to perform, whether such experience was obtained within or outside of the commonwealth."

Unfortunately Arlington only allows this service to be performed by a licensed medical doctor. This service isn't remotely close to a medical procedure, there will be no scalpel involved. I will be using a one time use hand tool (pg.31). Causing a papercut thin scratch where clients eyebrows should be located. There is only a 1-3% chance of an infection/ allergic reaction to occur. (cited from World Microblading). Majority of infections occur post treatment, it

is up to the client to correctly care for their eyebrows. The clients will be gifted a post treatment care card and they are required to sign a form saying that they 100% understood all post care instructions. Allergic reactions are uncommon but there is always that chance, some clients may have a metal allergy. Signs of a metal allergy are redness and swelling around the area where the procedure was performed. I can avoid this allergic reaction from happening during the procedure, by performing a patch test. By using one of the hand tools to make a small scratch (pigment free) on the client's arm. This will be performed at the beginning of every client's consultation, the reason for this is so i can monitor the area. Unfortunately i am not a licensed medical doctor but i have been a licensed cosmetologist for the last 4 years. While enrolled in cosmetology school they thoroughly taught us about skin anatomy, how to properly care for each skin type, and what to stay away from (can't work with).

I'm askinging approval for this variance because i know that i have learned all the information that i need to know in order to started in this semi permanent cosmetic small business, until the client walks out of my business it is my job to make sure both the client and myself are safe from any harm. If i get approved I plan on expanding my education on semi permanent make-up, by taking additional training classes through World Microblading.

The second variance approval i am asking for is the two year experience, unfortunately i also don't have the experience behind my belt. I was able to work on 4 live clients during my training class. Up until their eyebrows are completely healed i stayed in close contact with each girl, asking them questions asking for picture updates. I plan on following up with everyone of my clients.

Each surrounding town have their own rules and regulations when it comes to this type of service. Some surrounding towns currently already have a microblading studio open. I was able to reach out to a handful of these small business and asked the owner questions about their business, and what was the process to get where they are today, What were the town laws, I asked about their post training, i even asked if they were looking to hire. What shocked me the most is that every owner i asked that last question to, they responded with was that they are doing very well on their own with just that one artist (the owner).

This type of service is fairly new but this service is becoming very popular. Some of the surrounding towns have similar requirements as Arlington, talking to other business owners that have opened up their own microblading business, how did they get around all the bumps in the road? Some towns require the artist to be a medical Dr. and other towns don't. Some towns also required 2 years experience and some don't. The 3 business owners i talked to all had very

similar answers, they all as well had to stand up in front of the board of health and ask for a variance approval, and luckily they were all approved without the two years experience.

All the training that i have received from beauty school microblading training and eyelash extension training has permanently drilled into my head that safety and sanitation will always be my main priority during EVERY procedures, for the safety of my client and myself. I will take 100% precaution throughout all procedures. My work area will be PRISTINE. There will be no foreign objects anywhere in the work area. Sanitizing my work area will be the first and last thing i do the days worked. I will ALWAYS sterilize the work area after each client, even after a consultation. My goal for every client is to give them the brows of their dreams the safest and diligently way possible. I want my clients to feel 100% comfortable, not a care in the world for them while i perfect my work.

Surrounding towns	**Allows service**	**Medically licensed**	**Additional requirements**
Arlington	yes	yes	2 years experience, Cpr, first aid, bloodborne certif.
Belmont	yes	no	2 years experience, Cpr, first aid, bloodborne certif.
Billerica	no	-	
Boston	yes	no	Cpr, first aid, bloodborne certif.
Burlington	yes	no	Cpr, first aid, bloodborne certif.
Cambridge	yes	no	2 years experience, Cpr, first aid, bloodborne certif.
Everett	yes	no	Cpr, first aid, bloodborne certif.
Lexington	yes	no	No experience needed. Cpr, first air, bloodborne certif.
Medford	yes	No	2 years experience, Cpr, first aid, bloodborne certif.
Malden	yes	no	Cpr, first aid, bloodborne certif.
Reading	yes	no	Cpr, first aid, bloodborne certif.
Stoneham	yes	no	Cpr, first aid, bloodborne certif.
Wakefield	yes	no	2 year experience, Cpr, first aid,

			bloodborne certif.
Watertown	yes	no	2 years experience, Cpr, first aid, bloodborne certif.
Winchester			Does not have any rules or regulations yet for this service
Woburn	yes	no	2 years experience, Cpr, first aid, bloodborne certif.

Microblading

- Semi-permanent
- Disposable pen like Hand tool
- Only goes 0.03mm into the skin
- Zero pain
- Finer needles 0.15mm- 0.18mm thick
- More natural, crisp hair like strokes
- 1-3% chance of infections

Tattooing

- Permanent
- Tattooing machine
- 1mm-2mm into the skin
- Pain
- Needles 0.25mm to 0.30mm thick
- “spilling “ of the ink under the skin (not clear lines)
- color turns blue/greenish color over time
- 1-6 % chance of infections

I plan on documenting all of my clients forms, photos, additional side notes, etc individually in their own folder. All client folders will be kept for 4 years, all files will be stored in a locked filing cabinet. This service is categorized as cosmetic tattooing. Yes, the microblading procedure is very similar to tattooing, but in other ways they are very different

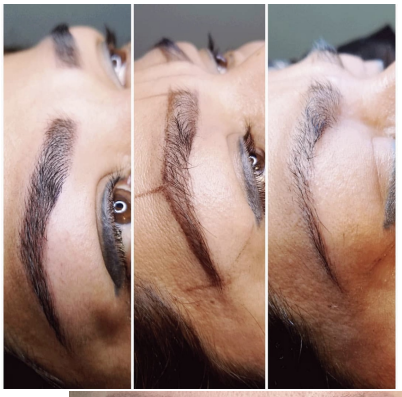
Before after and during each service my job is also preventing pathogens from spreading. After each service is completed, my job is then to kill any forms of pathogens that might be present. Sterilizing before and after each client, this includes the chair/ bed they will be laying on, the counter, the tray that’ll be holding my tools during each service, and any other material that was touched or could have been touched during the service and will be reused.

SANITIZERS: are used on non living surfaces
ANTISEPTICS: are used on human skin

The microblading training i able to attend a 5 day (50 hrs) of intensive training certification of completion from World of Microblading (www.World Microblading.com). Where they thoroughly trained me how to complete the full procedure correctly and most importantly

the SAFEST way possible for both the client and myself. They taught us 3 different techniques,; basic microblading (hair strokes), shading, ombre brows (light to dark). After practicing each technique on multiple latex shits I was able to perform each technique on four live people. Prior to signing up for the microblading training class, the school called me and i was able to talk to one of the highly skilled artists. The very first question they asked me before enrolling me was if i was "a licensed cosmetologist or a licensed esthetician" because those are the two groups of people they like to group together for classes, these groups have already had the best training experience and hands on experience with the skin.

On the first day of training we were required to hand in our BloodBorne Pathogens certification. They taught us how to properly explain to clients about the post treatment aftercare (at that time I would have the client sign an aftercare form). They explained all of the forms that each client would be required to fill out prior to the service. We went over blood borne pathogens, color theory, the different skin types, who is and who isn't a candidate for this service and the reason behind it. They taught us about the types of needles we'd use to perfect the service, how to correctly position the hand tool. Throughout the entire course they thoroughly showed/explained how to safely practice this service while prevent any form of transmitted diseases. Also how to correct and go over previous microblading results that was performed in a different location and by a different artist.



SAFETY

Universal precautions; the practice of avoiding contact with another person's body fluids by placing a barrier between the fluids and my skin. During each service i will be wearing all one time use personal protective equipment (PPE); Gloves, apron, mouth mask, eye protection.
GLOVES: I will always wear a pair of gloves during all cosmetic service. For any reason i have to excuse myself from my client during the service i will ALWAYS throw away the gloves and replace them with a new pair.
APRONS: I will always wear a disposable apron at all times during each service; to keep my clothes clean and safe from all pathogens.
MASK/ EYE PROTECTION: i will have both eye and mouth protection on at all times once i begin the service.

How to put on PPE:
1. Apron
2. Mask
3. Eye protection
4. Gloves

Remove PPE:
1. Gloves
2. Eye protection
3. apron
4. mask

Work station

All work stations will include a chair, portable tray, a sink, clocked cabinets on the wall to hold all pigment and hand tools, and 3 seperate disposal containers;

- **Sharps Container** is puncture resistant with a lid, clearly marked “BIOHAZARDOUS SHARPS”. Any items with a sharp point should be placed in this container. When the sharps container is ¾ full i will follow the biohazard waste disposal procedure.
- **Biohazard Waste** is any waste that has touched body fluids it could contaminate anyone who touches it later this bin is NOT for sharp. A red trash can liner will be labeled “biohazard”.
- **Traditional waste** is used for everything else that is neither sharp nor a biohazard. Clearly marked container so it won’t be confused with the biohazard waste container

Sharps container will be picked up and disposed of by **ADVO WASTE MEDICAL** once a month. Sharps containers can also be disposed of at the drug drop box & sharps collections at the **Cambridge Police Station** located at 125 Sixth Street Cambridge Ma (https://advowastemedical.com/our-services)

(https://www.cambridgema.gov/cpd/communityresources/prescriptiondrugdropbox)

BioHazardous waste will be picked up and disposed of by **ADVO WASTE MEDICAL** bi-weekly. (https://advowastemedical.com/our-services)

105 CMR 480.000 (https://www.mass.gov/files/documents/2017/09/11/105cmr480.pdf)
Minimum requirements for biohazardous waste
(https://www.mass.gov/regulations/105-CMR-48000-minimum-requirements-for-the-management-of-medical-or-biological-waste#downloads)

Business Insurance company- Marine Agency
https://marineagency.com/specialty-insurance-programs/tattoo-body-piercing-insurance/

My main concern before during and after the service is making sure i am preventing pathogens from spreading. After the service is complete my job is then to kill any forms of pathogens that might be present. I will Sterilize before and after every client that includes the chair/ bed they will be laying on, the counter, the tray that'll be holding my tools during each service, or any other material that was touched or could have been touched during the service and will be reused.

SANITIZERS: are used on non living surfaces

ANTISEPTICS: are used on human skin

Before Procedure:

1. Put on clean gloves
2. Clean the area thoroughly
3. Lay out SEALED (sterilized) supplies on the tray (open the tools in front of the client)
4. Cover the area (chair/ bed)

After the Procedure:

1. Throw away all disposable materials (sharps were thrown away right when the service ended)
2. Wash hands and put on a fresh pair of gloves
1. Clean the surface from any objects, remove all visible dirt and debris
2. Cover the surface with sanitizing solution
3. Let the sanitizer sit of the surface (8-10 mins)
4. Wipe the surface clean with a disposable paper towel

Cleaning up spills:

1. Put on a clean pair of gloves
2. Cover spill with paper towels
3. Pour bleach over the paper towels
4. Let it soak for at least 5 minutes
5. Pick and throw away towels in a separate plastic bag
6. Wipe up area with clean towels

If there is glass disinfect the area first, then clean up the glass.
Never use hands to clean up broken glass

Avoiding Cross contamination

Cross Contamination; The “crossing” of bacteria or germs from one surface to “contaminate” another. This is caused when pathogens on unsanitary items that the artist then touches are now carried on with them, then when the artist touches another surface those pathogens can “cross over” to that surface. Some actions that can cause cross contamination are grabbing a pen, fixing your eye protection, itching your nose.

If the artist happen to touch something unsanitary they will remove each glove into one another, wash their hands, then put a new clean pair of gloves on. If the artist for some reason needs to step away from the client; the artist will immediately remove their gloves into one another, wash their hands, the the artist will do whatever they have to do, then the artist will sit back down with the client and put on two clean pair of gloves.

The supplies

*All needles/ handle purchases will come from World Microblading.

Microblading is a semi permanent cosmetic service that simply scratches pigment into the skin (0.03mm) with a sterile single use hand tool, that holds 10-14 tiny DISPOSABLE needles arranged in a slope affixed to a disposable handle (image 1). The needles used during this service will Not be hollow needles they will have a solid core. These needles do not penetrate the skin but delicately scratches the surface; much like a paper cut. This hand tool will be manually mimicking natural looking eyebrow hairs.This technique is very precise it allows the artist to recreate, correct and improve the appearance of the clients natural eyebrow look. this hand tool is gently scratching hair strokes that’ll follow each person’s unique hair growth pattern. The artist will ONLY be using single use manual hand tools that is designed to create fine, hair strokes for a more natural looking appearance. The artist will take a small scoop of the chosen pigment shade and keep it seperate in a small disposable cup to avoid contamination, all the artist needs to do is slightly dip the tip of the needles in to the pigment.

Shading is another form of microblading just a different technique. Shading is also still considered a semi permanent cosmetic service, this technique is used to create a fuller look. Shading is used in between microblading strokes to create density, it’ll heal to a nice powdery finish. This one time used hand tool will also contain 10-14 tiny needles but they are grouped

together (image 2). Instead of the artist scratching the skin with these needles the artist will lightly poke the clients skin. The hand tool should be angled at 90° the entire time.

1. 

2. 

About the Pigment

*All pigment purchases will come from world microblading

The brand of pigment that will be used has both organic and inorganic ingredients, this pigment was specifically made for this type of service. All of the ingredients being used in the pigment is safe to use on the human skin. Ingredients; Glycerine, Propylene Glycol, Alcohol, Water, Antioxidant. All ingredients have been approved by the FDA.

What is **ANTIOXIDANT?** General term for a large group of natural and synthetic ingredients that work to defend against environmental stress on skin. Antioxidants are compounds that inhibit oxidation. The term "antioxidant" is mostly used for two entirely different groups of substances: industrial chemicals that are added to products to prevent oxidation, and naturally occurring compounds that are present in foods and tissue.

Another kind of antioxidant ingredient used is **Iron oxides,** This is used in semi- permanent makeup pigments. This is essential for the pigment because iron is the most stable and the most common of all of the elements. It's nontoxic and has a variety of colours available to technicians. Iron oxides have been one of the most commonly used coloring agents for over a century. They have also been used in natural minerals, not only for semi-permanent cosmetics, but for traditional cosmetics, foods, medications, religious ceremonies and skin protection.Iron oxides are inert are safe, harmless and inactive.

What is **GLYCERINE**? Glycerine is present in all natural lipids (fats), whether animal or vegetable.It can be obtained from natural substances by hydrolysis of fats and by fermentation of sugars; it also can be synthetically manufactured, this is usually the case with modern-day skincare products. Glycerin is a skin-replenishing and skin-restoring ingredient, meaning it is a substance

found naturally in skin, helping to initiate normal balance and hydration. It's one of the many substances in skin that helps maintain a healthy look and feel, defending against dryness and working to maintain skin's moisture level. Essentially, glycerin is a master at hydration, and works best when combined with other replenishing and emollient ingredients

What is **PROPYLENE GLYCOL?** Propylene glycol is hydrating ingredient used in cosmetics and pigments, PG is one of the major ingredient. Just a small amount is used to keep products from melting in high heat or from freezing. PG is also found in many personal-care and cosmetic products like shampoo, hair conditioner, and styling product, propylene glycol is widely used. Propylene glycol is water-soluble, It is synthetic, its non-toxic, and it is easily metabolized when ingested.

Allergies to the pigment

Allergic reactions and infections are very rare to see after this service is completed. Allergic reactions are sometimes out of the artists control at times, some clients will develop an allergic reaction right away and some won't till several months after the procedure, it takes time for our bodies to identify an allergen and take action.

Signs and symptoms:

-red itchy brows

-swollen eyes

All supply purchases

all purchases made all recurring purchases and one time purchase supplies will be kept filed up to 3 years

Recurring purchased from world microblading: www.worldmicroblading.com/buy-supplies/

-Pigment
-Needles
-Hand tool holder
-Cavilon cream
-Bye bye pain (applied 20-30 mins before service)
-Topical anesthetic (applied when masking brows)
-Eyebrow rulers
-Eyebrow saran wrap (barrier film)
-after care serum

Biohazard waste and sharps containers monthly supplies

https://advowastemedical.com/our-services

-Advo waste material (biohazard bag liners, and sharps containers)
-Nitrile gloves (mimics latex, doesn't cause allergic reactions)

One time purchases:

-bed/chair
-Lighting
-Head lamp
-Tray
-Mouth protection (mask)
-Eye protection
-Traditional waste trash can

-Separate biohazard trash can
-Automatic hand and paper towel machine
-squeeze wash bottle (for green/blue soap)
-file organizer

Additional Purchases:

-Eyebrow pencil
-green / blue soap
-Disposable bed/chair sheets
-disposable Aprons
-Disposable pigment cups/rings
-PDI Sani-hands
-PDI sani-cloth HB
-Alcohol wipes
-Q-tips
-swabs (helps design brow shape

Finished Results

These microblading results lasts up to 2 years, after 12-18 months the pigment begins to fade away from the skin, the reason for this is because the artist will only be inserting the pigment 0.03 MM into the skin reaching the papillary dermis (this layer of the skin is the upper part of the dermal layer).

While scratching the pigment into the skin the artist (and client) will be able to hear what almost sounds like ripping velcro apart from one another, this ONLY happens when the artist is in the correct layer of the skin. The velcro sound is caused by the 10-12 tiny needles bouncing off one another as the artist is scratching the skin, this sound ONLY occurs when the artist is in the papillary dermis. Microblading results will begin to fade within the first 16-18 months is because every 3-4 weeks your skin sheds a layer, replaced by the lower layer of new cells from below which are gradually pushed upwards.

4 days post the service the clients eyebrow color will appear the darkest, once the brows are fully healed (4 weeks) the intensity of the pigment actually loses 33% of its color. So by the time the brows are completely healed the pigment will match the client's natural eyebrow color perfectly.

Clients are encouraged to come back for a color refreshing touch up, touch ups are free as long as the client comes back within 6-8 weeks post service (after 8 weeks client has to pay), During the touch up session i'll be able to go over hair strokes to enhance the color or to add in any additional strokes where it's needed.

Infected Results

Infections are very rare after receiving a microblading service, there is always a small 1-3% risk of an infection (cited World Microblading) after the procedure. Majority of infections

are caused by post treatment care, some clients choose to not follow the aftercare steps. Directly after the service the artist will thoroughly go over the post treatment care. Clients are required to sign a form saying that they understood everything the artist told them about the aftercare.

When infections do occur they can be treated with over the counter topical antibiotic creams. This can be placed onto the skin , but In some serious cases you may need antibiotic treatment. The microblading procedure does enter into the skin at the dermal-epidermal junction and any procedure that breaks the skin does require healing time. Like any other procedure that breaks that skin there is always a small risk of infection.

Most common symptoms on an early infection:

- odor coming from the eyebrows
- discharge that maybe a greenish/brownish color
- tenderness when touching (clients were advised to not touch eyebrows after service)
- redness around the eyebrows but not extending beyond it

at this stage you should contact the microblading artist, and consider the use of topical antibiotics

If the infection continues to worsen infection look out for these types of symptoms:

- Swelling that extends into the eyelid or onto other places of the face
- Redness that extended beyond the eyebrow and up into the scalp or cheek area
- Warmth when touching the red areas
- Tenderness and/or pain to your face/eyebrows
- Fever or chills or increase of sweating (signs that the client has a synthetic infection)

if the symptoms seem to worsen the client needs to see a doctor, and consider using an antibiotic cream

Tips for an early infection:

- Consider using an antibiotic ointment like Bacitracin, this will treat the most common skin pathogens such as staph and strep (even MRSA) and does not include ointments that can irritate the skin.
- Avoid using triple antibiotic ointment like neosporin which contains neomycin

- Avoid covering up the microbladed brow with creams and gels such as vaseline or other emollients which can trap in heat and keep an infection in the wound (remember bacteria dies in the presence of oxygen)
- Consider using a cold pack on your eyebrows to reduce swelling and heat, this can also help reduce some of the pain/tenderness
- Keep the area clean! Avoid using makeup or other topical agents (besides the antibiotic) on your skin/wound.

After Care

After i finish the service i will sit with the client and go over everything that they need to know about the after care. After i finish going over the after care i will have the client sign a form saying that they understood everything that i read to them. I will also supply them with an after care card, that tells them how to correctly care for their new eyebrows and what to stay away from. I will also gift the client an after care serum that they will need to apply to the eyebrows (gifted ONLY after first service visit). Clients should/ should not:

・apply small amounts of serum to the brows 2x a day.. A little goes a long way

・the skin NEEDS to stay hydrated while healing

・ it takes an average of 4-7 days for the brows to heal completely, takes about 2 weeks for older clients

・On the 4th day the eye brows will look the darkest (oxidised) DO NOT PANIC the pigment will lose 30%-40% of its color when completely healed

Long Term After Care

・sunscreen will protect the brows

・make up, eyebrow make up, or any other strong serums can remove pigment prematurely

・Always keep the skin hydrated- if not will cause early stages of peeling

・Any dry skin or irritations will cause early peeling

・NEVER apply any antibiotic cream or vaseline, it will cause an infection

・DO NOT touch eyebrows for 24 hours

・DO NOT apply any make up, lotion, sun screen until the brows stop peeling

・NO tanning beds direct sun exposure (unless you have big sunglasses/ big hat to cover brows) for at least 1 full months

・No activities that'll cause you to sweat, that will cause an infection

・NO swimming pools 2 weeks

Chlorine will completely RUIN the brows

Consultations

Consultations are mandatory before any first time microblading clients, especially if they have had the service previously done elsewhere. The artist will perform a patch test at the beginning of the consultation, using one of the hand tools (no pigment) this test is to see if the client has any metal allergies. The artist will be able to monitor the scratch mark, to see if there will be any signs of an allergic reaction. Rather than having the allergic reaction during the procedure. During the consultation the artist will need to determine what pigment shade that will perfectly match my clients skin/ eyebrow. The artist will need to determine that by finding out what the clients has an undertone that is; Cool neutral or warm.

How the artist will determine that is very simple, all they need to do is look at the veins in their clients wrist. If their veins appear blue/ purple they have a cooler undertone. If the veins appear green/ yellow they have a warmer undertone. If clients have a neutral undertone then their veins will appear colorless or match the color the their skin.

The artist will assess the clients skin type and skin condition, lifestyle, goals. Clients are required to fill out a health history forms, and the photo consent form. ALL FORMS WILL BE SIGNED AND DATED by both the client and the artist.

Microblading Procedure step by step

1. I will Hand the client a consent form saying that they are giving me permission to perform this service on them, which they will need to sign and date.
2. I will sit them in my chair
3. I will then put on my gloves and face mask
4. I will clean the clients eyebrows and forehead with alcohol wipes
5. II will Apply the numbing cream around and on the eyebrows (really rub it in)
6. Ill then cover the brows with saran wrap
7. when the skin around the brow turns white that's when i know i can now start mapping out my clients face
8. I will sit them up on the chair and i will draw a line in between both eyebrows to find symmetry
9. I will stick a disposable mapping ruler to my clients forehead so both eyebrows will be even
10. I will then box out their eyebrows to their desired length shape and size
11. After i receive their approval on their brow shape they can lay back in the chair
12. I will then pluck all the hairs that are outside of the lines

13. Before starting the service i will show my client both SEALED hand tools (one time use) that i will be using during the service
14. I will then find a comfortable position for myself before starting the service
15. I will have a tiny disposable cup that will have a little bit of the desired pigment shade in it
16. I will only dip the tip of the needles into the pigment (i will dip the tool into pigment after every second hair stroke
17. When scratching the hair strokes into the skin my hand tool will be angled at a 90°
18. After i finish first step i will then mask both brows for 5 minutes (rubbing the pigment into the skin to add more color to the hair strokes
19. I will then wipe the pigment away with a cotton pad that was squirted with green soap
20. Ill then apply more numbing cream (narcan) let that sit for 2-3 mins. Really rub it into the hair strokes
21. Ill then wipe both brows clean and pat them dry with a new cotton pad
22. I will now apply a second layer of pigment to the hair strokes (this step can be repeated at least 3-7 times to the desired color darkness)

If at any point during the service i need to walk away from my client (for more pigment) i will change both gloves before i continue the service

23. If i notice that i could add more small additional hair strokes in some areas this is the time that i would
24. Mask the brow again, then i'll move on to the other brow and repeat steps 19-21
25. After wiping the pigment away for the final time, i'll check both brows one last time before i dispose the hand tools into a red SHARPS container
26. Ill then clean brows with a green/ blue solution (very safe for new brows, will also be selling this solution) wiping each brow in one directions
27. i'll then sit my client up and show them their end result.
28. I'll go over after care treatment while letting the brows sit for 15-20 mins so the body to push out fluids (client will sign aftercare form at this time)
29. After the 15-20 mins i'll wipe the brows one more time, ill then apply a thin layer af barrier cream (cavilon cream)
30. After the client leaves i will clean up my work area;l disposing any waste that was or might've been contaminated during the service
31. I will also thoroughly sterilize my entire workstation; client chair, work tray, counter space.

During this time i will be going over their aftercare treatment (they will also be taking home an after care card) what to stay away from and how to correctly care for their new eyebrows. I'll show them their complementary serum that they'll be able to take home and i'll explain to them how to correctly apple it to the brows (a little goes a long way)

32. I will then have my client sign and date the after care form
33. Ill then wipe the brows clean one more time
34. i'll take my After pictures of my clients new eyebrows
35. Ill then discuss with her about when would be an ideal time to get their touch up (included in the original price)
36. Once the client leaves i will then sterilize my entire work area

<u>If i need more materials:</u>

1. Pause the procedure
2. Remove gloves wash my hands
3. Prepare necessary materials
4. Wash up and put on new gloves
5. Resume procedure

Brow Studio

Injury and/or Complications Report

Date:__/___/___

Body Art Establishment Involved:

Business name:_____

Business Owner:_____

Body Artist involved:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____

Email: _____

Insurance Company:_____

Policy number:_____

Phone number:_____EXT._____

Mailing address:_____

City:_____ State:_____ Zip:_____

Client Information:

Name:_____D.O.B._____

Address:_____

City:_____ State:_____ Zip:_____

Cell Phone:_____ Home phone:_____

Email: _____

Client Health Care Provider Information (if any):

Health Care Provider:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone number:_____ EXT._____

About the Incident:

When did it happen?_____ AM/PM

Explain the Accident (what was the person doing when injured, what was the artist doing, how did this incident occur):_____

_____

_____

_____

_____

_____

_____

_____

What type of incident is it and explain:

Complaint of injury_____

_____

Infection complication_____

_____

_____

Disease_____

_____

What were the injuries_____

_____

_____

Did the incident take place during the procedure or post service? If so how long post?

_____

_____

_____

When did the artist become aware?_____

_____

How was the incident handled?_____

_____

_____

Was the employee doing something other than required duties at the time of the accident? If so, what and why_____

_____

_____

_____

Why did this accident happen? Describe everything that contributed to the accident

_____

_____

_____

_____

What should be done to prevent recurrence of this type of incident from happening again.

_____

_____

_____

_____

Was there any any treatment that was provided by a doctor in response to the incident? _____

If you answered yes to the question above, what treatment was provided? Was the client prescribed antibiotics? If yes, what was the client prescribed? Where did the client go to get treated? Who did the client see to treat the accident? _____

_____

_____

_____

_____

_____

_____

_____ _____

Name (please Print Legibly) Date

_____ _____

Client Signature Date

_____ _____

Practitioners name Date

_____ _____

Practitioners Signature Date

Date:___/___/___

Brow Studio

Exposure Incident form

Additional attached forms required:

- A copy of the service application/ consent form
- A copy of the involved practitioners body art license
- A copy of the client's medical history form

This exposure incident form concerns……

Name _____D.O.B._____

Address _____

City:_____ State:_____ Zip:_____

Cell Phone:_____ Home phone:_____

email:_____

Date of exposure _____ Time _____ AM/PM

Practitioners name _____

Exactly where on the body was the incident exposed _____

_____

_____

Describe in full detail of the exposed incident _____

_____

_____

_____

_____

_____

_____

_____

Describe how the exposed incident was handled _____

_____

_____

_____

Were enforcements called to the scene? If so for what reasonings? _____

_____

_____

_____

What tools/ equipment were involved when the incident took place _____

_____

_____

_____

Was there any any treatment that was provided by a doctor in response to the incident? _____

If you answered yes to the question above, what treatment was provided? Was the client prescribed antibiotics? If yes, what was the client prescribed? Where did the client go to get treated? Who did the client see to treat the accident? _____

_____

_____

_____

_____

_____

_____ _____

Name (please Print Legibly) Date

_____ _____

Client Signature Date

_____ _____

Practitioners name Date

_____ _____

Practitioners Signature Date

Brow Studio

Micropigmentation disclosure and consent form

Name:_____ Date _____

Address:_____

City:_____ State:_____ Zip:_____

Cell Phone:_____ Home phone:_____

Email:_____

Occupation:_____D.O.B._____

Emergency contact Information

Name:_____ relationship._____

Cell Phone:_____ Home phone:_____

Address:_____

City:_____ State:_____ Zip:_____

Name:_____ relationship._____

Cell Phone:_____ Home phone:_____

Address:_____

City:_____ State:_____ Zip:_____

How did you hear about us? (circle) google/ facebook/ instagram/ yelp/ other/ referral (name)

_____

Please read and fill out this “Disclosure & Consent Agreement” completely, making certain that you understand all information provided, and that your information is correct. You have the right to be informed so that you may make the decision whether or not to undergo the procedure,

after knowing the risks and hazards involved. This disclosure is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure. Please read and INITIAL the statements below to indicate: I understand the following completely:

_____ No food, drinks, or making/receiving phone calls are allowed in the procedure area. Minimal texting or email is totally fine, as long as it does not interfere with the procedure. (This applies to any guests of the client as well.)

_____ No warranty has been made to me as a result of this semi-permanent Micropigmentation or correction procedure, and that the final result cannot be guaranteed.

_____ There is a possibility of bleeding, swelling, and allergic reactions to the pigments used.

_____ Cosmetic tattooing is considered semi-permanent, and will fade with time.

_____ Misplacement or migration of the pigment can occur, under rare circumstances, requiring excision and/or correction of the misplaced pigment.

_____ I have reviewed the ABOUT MICROBLADING & Microblading Policies sections prior to my appointment, and I understand the info there, and have had all further questions answered.

_____ My technician will not, under any circumstance, perform any procedures on me if I am known to have any allergies related to the products used. (Our pigments contain: Alcohol, water, Glycerine, propylene, glycol, antioxidant formula, Iron Oxides,)

_____ I understand that I must inform my technician of any and all medication(s) I am currently taking. (Pain control medications such as aspirin or ibuprofen may cause the blood to thin, and excessive bleeding may occur during or after the procedure.)

_____ I do not currently take Accutane and/or have not taken for at least 12 months.

_____ I understand that I must inform my technician of any skin condition(s) I may have. (Psoriasis, Eczema, etc.)

_____ I understand that it is my responsibility to advise the technician of any concerns I may have before they begin the procedure.

_____ I understand that the technician WILL NOT perform this service if im under the age of 18. I WILL NOT and CAN NOT deny the technician visual evidence of drivers license for proof of age.

_____ I am not under the influence of any drugs or alcohol.

_____ I am not pregnant.

_____ I have informed the practitioner of any and all of my allergies.i acknowledge that it is possible to determine in advance whether i might have an allergic reaction to any of the pigments, topical preparation, or processes used in the procedure; and i agree to accept the risk that such reaction is possible.

_____ I realize that there is potential for discomfort during the procedure and during the healing process.

_____There may be risk of infection if aftercare instructions are not followed, and i accept full responsibility for such complications

_____ I realize that my body is unique and neither Brow Studio nor its employees can predict how my skin may react as a result of the procedure

_____ I have previously had micropigmentation performed by someone **Other than Brow Studio** on the same area that i am asking Brow Studio to work on today.

___Yes ___No

_____ If YES, i understand that correcting or touching up micropigmentation that was performed by others; involves additional risks because of the existence of semi- permanent pigments of unknown compositions, brand, color, age, shape and other factors over which brow Studio has no control. I understand that the additional appointments after the initial and follow up appointments may be required, and will be billed at Brow Studio's standard rates. I understand that Brow Studio can not predict the results in advance and **can not guarantee** that the results will be as i desire. I understand and fully accept the risk associated with this procedure and hold brow Studio not responsible

_____ I acknowledge that the procedure result may up to 2 years. The change to my appearance and that no representations have been made to me as to the ability to later change or remove the results.

_____ I understand that the future skin altering procedures such as laser treatments, plastic surgery, implants, and/or injections may alter and degrade my semi-permanent eyebrows, that being i must inform any future service provider that i have had micropigmentation applied. I understand and accept that such changes are not the fault of Brow Studio or its employees. I further understand that such changes or degradation in my appearance may not be correctable through further semi- permanent procedures.

_____ I acknowledge that obtaining this semi-permanent eyebrows is my choice **ALONE**. And i consent to the procedure and to its potential risks, i accept any action or conduct Brow Studio and its employees anything necessary to perform this procedure.

_____ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

_____ I release Brow studio and its representatives of all claims for injury, seen or unseen that may occur as a result of this procedure.

_____ I am actually reading these and not just signing my initials.

_____ Aftercare instructions have been explained to me and a written copy has been given to me, which I will follow to the best of my ability.

_____ I understand that i will have the opportunity, within the time constraints of my appointment,to approve the design and color of the semi- permanent pigment to be applied, and i accept full responsibility.

_____ I fully understand the questions, terms, and conditions of this Disclosure & consent form. I accept to waive my rights for any claim against the technician for any reason whatsoever.

_____ I understand that the healing process is different for every person. Pigment loss or color change is normal, this happens in most cases during the first week. I have to stay **CALM**, not panic and return for the touch up session. No earlier than 4 weeks after the initial session (when the skin is completely healed)

_____ I understand that if i fail to come within the maximum of 8 weeks for my touch up i will be charged the full price again.

_____ I believe that i have sufficient information to give this informed consent.

i consent to any relevant photographs being taken both before and after the procedure, to document the results, strictly for the internal use of Brow Studio.

_____ I certify that this Disclosure & Release Agreement was completed by me and that all entries and information are true and complete to the best of my knowledge.

_____ I consent to Brow Studio using “before & after” photos of me for marketing purposes to display its capabilities and results. If i do provide consent, i may at any time withdraw such consent for specific photographs by contacting Brow Studio, which will then discontinue the use of said photo(s)

If you have previously had micropigmentation performed by Brow Studio, has your medical history changed since you last filled out Brow Studio’s medical profile form.

_____Yes _____No

If YES, Please specify._____

_____

_____

_____

I have read and understand the consents of each statement about. I acknowledge that this is a contract and that i have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, aforementioned procedure(s). I further acknowledge at the time of signing the consent i am capable of making independent decisions for myself. I hereby release and forever discharge and hold Brow Studio and its owner and employee(s) harmless from any and all claims, damages, or legal actions arising from or connected in any way with my micropigmentations, or the procedure and conduct.

_____ _____

Name (please Print Legibly) Date

_____ _____

Client Signature Date

Practitioners Statement

I have personally reviewed the above information with my client.

_____ _____

Practitioners signature Date

PLEASE CHOOSE:

_____ YES, I would like to give my consent for my before/after photos to be shown on social media (Instagram/Facebook/Twitter/etc.) and in printed materials. (Your face will not be shown and you will not be tagged in the photo. Just a photo of the work that was done.)

_____ NO, I would NOT like to give my consent for my before/after photos to be shown on social media (Instagram/Facebook/Twitter/etc.) and in printed materials. (Your face will not be shown and you will not be tagged in the photo. Just a photo of the work that was done.)

Brow Studio
Confidential Health History Form

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home phone _____

Email_____

Occupation_____DOB _____

Medical History (please mark Y for "yes" or N for "no")
Allergies___ keloid scars___ diabetes___ Hcv___cold sores/blisters___ hemophillia___ hypoglycemia(low blood sugar)___ seizures/epilepsy___ strokes___ aids(HIV)___ skin sensitivity___ previous micropigmentation/when?_____ fainting___ Hepititis___ skin lesions___ accutane treatment___ pigment/dye reaction___ Pregnant/nursing___ alopecia___ heart condition___ dry eyes___ cancer(any)___ hepititis___ high blood pressure___ Hbv___ contacts___ fillers___ if yes do you plan to continue?___ coagulated disorders___ hemophilia___ Skin diseases___ narcolepsy(sleepiness)___ laser treatment___ skin peel___ anticoagulants(blood thinners)_____

If you said yes to any of the following above please explain in more detail

_____

_____

_____

_____

List any other medical conditions or issues not addressed above

_____

_____

Other sensitivities _____

Are you 18 or older? _____

Have you had any aspirin or blood thinners in the last week? _____

Taken any mood altering drugs within 8 hours_____if so what_____

allergic to any medals_____if so what _____

Are you sensitive/ allergic to latex?_____

have/are you taken immunosuppressive medication_____if so what_____

Does your skin take longer to heal?_____

Have you had a chemical peel or laser?_____ if so when?_____

Have you had any botox_____if so when _____

Are you currently undergoing radiation or chemotherapy?_____

Have you had any fillers_____if so when_____

currently using any retin-A or alpha-hydroxy skin care_____if so what_____

Primary physicians name _____

Primary physicians phone number _____EXT. _____

By signing below, i acknowledge, understand and agree that:

- The staff of Brow Studio do not practice medicine, does not accept health insurance, and have made no representation to the contrary;
- The information provided on this form is accurate and complete to the best of my knowledge, and that Brow Studio is not responsible for complications or problems arising from any incorrect or omitted information;
- Some individuals will have complications related to semi- permanent make up application. These complications are usually mild and last only a few days. However extreme complications are always a possibility. I accept these risks and agree to hold brow Studio and its employees and contractors harmless for same;
- The staff of Brow Studio will use the information provided above to assess my suitability for the proposed micropigmentation service.

_____ _____

Client signature Date

Brow Studio

Micropigmentation pre-procedure Information & care

Congratulations! You are making an investment in yourself. We are confident that this procedure will a pep in your step and make you feel great again about yourself. Before beginning let's make sure you are a good candidate for micropigmentation and help you understand what to expect. We want to make sure you get great results, which also requires you follow appropriate pre- and post-care instructions.

It is very important that you read ALL of the information in this document then sign it. This confirms that you understand our policies. We cannot do your procedure without it.

Contradictions- You are not a candidate for micropigmentation if any of the following apply to you

- Pregnancy
- Nursing
- Diabetes Type 1
- Lupus
- Hepatitis B/C
- AIDS
- Active Skin Disorders: Cold Sores, Shingles, Psoriasis, Pink Eye, SunBurn, Severe Acne
- Active Vitiligo (loss of skin color)
- Severe Rosacea
- Blood Disorders: Sickle Cell, Hemophilia
- Keloid Formation
- Mental Disorder
- Accutane (must be off for 6 months)
- Steroids (must be off for 6 months)

Restrictions -

- Retinol/Retin-A must be discontinued 7 days prior to procedure. Will cause the skin to bleed.
- Injections (Botox, JuvaDerm, etc.) must be done 2 weeks before or 2 weeks after procedure.
- Chemical peels and laser treatments may not be done within 60 days before or after procedure.

We CANNOT work on sunburned or suntanned skin, its damaged skin will cause excessive bleeding.

- You cannot expose the area to the sun for 30 days before or after procedure.
- Do not schedule this procedure within one week prior to a water vacation.
- Stay out of steam rooms, saunas, hot yoga, swimming pool, etc. one week post.
- Avoid working out or sweating for 1 week post procedure. Sweat will prevent pigment from healing into the skin
- Avoid alcohol and caffeine 1 day before procedure to minimize bleeding or swelling
- Do not take aspirin, ibuprofen, tylenol, advil, fish oil or vitamin E 3 days prior to procedure unless medically necessary

ALL SEMI-PERMANENT COSMETIC PROCEDURES ARE MULTI-SESSION PROCESSES. An initial application is incomplete until after a follow-up appointment, which must be scheduled approximately 6-10 weeks after your initial appointment. There is no additional charge for the follow-up appointment after your initial application as long as it is performed within three months of the initial application.

WHILE YOUR SKIN HEALS, BE PREPARED FOR THE COLOR INTENSITY OF YOUR BROWS TO BE SIGNIFICANTLY LARGER AND DARKER than what is expected for the final outcome. This is a normal and expected result of the application and healing process. The healing process will take up to 4 weeks. By the time the brows are fully healed the pigment has lost 33% of the color, to a true match. Since delicate skin or sensitive areas may swell slightly or redden, some clients feel it best not to make social plans for a day or two following any procedure. Please arrive to the procedure with NO makeup on, the make up would be wiped away clean before the procedure would start

POLICIES

CLIENTS ONLY IN THE PROCEDURE ROOM: Though a friend or family may accompany you to your appointment, we believe it's best that they do not sit-in on your procedure. It is important the artist is able to have their full focus on you, the client. Friends and family tend to be a distraction for both the client and artist.

CHILDREN, TODDLERS AND BABIES: Though we love children, toddlers and babies, we must kindly ask that you do not bring them with you to your appointment. Unfortunately, they are a distraction to the artist and yourself. Thank you for your understanding.

CANCELLATION POLICY: Micropigmentation is a time-intensive service. In booking your appointment, we are reserving a designated amount of time specifically for you. If you need to cancel for any reason, we require that you cancel at least 24 hours prior to the start of your appointment time so that we'll be able to offer this time to another client.
If your appointment is cancelled with less than 24 hours' notice (or in the case of a no-show), you will still be charged an additional $100 your next scheduled appointment.

FOLLOW-UP APPOINTMENTS: There is no charge for the follow-up appointment to a new/initial procedure when it is done within 3 months of the initial procedure. However, in the case of a cancellation with less than 24 hours' notice or a no-show, the follow-up is considered forfeited and any following appointments will be charged as a touch-up appointment.

TARDINESS: Please plan to arrive at Brow Studio 15 minutes prior to the start of your appointment, You will need to fill out a consent form. We want to make sure you have time to make yourself comfortable before the appointment starts. If you are late it will compromise the amount of time the artist has, which compromises the results. if a client is more than 30 minutes late, the procedure may be cancelled.

RIGHT TO REFUSE TREATMENT: Though it is extremely rare

• Undisclosed skin condition (including sunburn/suntan) • Under the influence of drugs or alcohol • Any behavior which, in the opinion of the artist might compromise the artist's or Brow Studio ability to work safely and comfortably toward the desired results, or might disrupt other clients.

Micropigmentation is a process. Two or three sessions may be required to achieve the desired results. It is not uncommon to lose up to 70% of the color after the first session. Please be aware that having a procedure done while on your menstrual cycle can make you hypersensitive at the procedure site.

*****I have been made aware of the contraindications and restrictions of micropigmentation and agree with Brow Studios policies.*****

Print Name: _____ Date: _____

Signature: _____

You will be given detailed after-care instructions at the time of your procedure.

Brow Studio
Pre-Procedure instructions

(clients will be gifted with a pre-procedure card to bring home)

Pre-Procedure Instructions

- Avoid:tweezing, waxing, electrolysis, and coloring your brows for two weeks prior to the procedure. This will allow your technician the most flexibility to achieve optimal results.
- Please be aware that we will remove your foundation and concealer to determine your true undertones. This is vital for us to choose the right color. We recommend no makeup day of procedure
- We offer hair strokes, hair strokes with shading and fully shaded brows. Your specialist will discuss the best options for you depending on your skin type, lifestyle, desired results and desired maintenance.
- Best assured, we use the best tools and the best pigments in the industry.

Brow Studio
Aftercare treatment instructions

(clients will be gifted an aftercare card to bring home)

- The client is advised not to touch for 24 hours
- After 24 hours the eyebrows should be cleaned gently 2 times a day with warm water and foam soap for children and a clean cotton pads, the movement in the direction of the hair growth.
- without forcing the skin, apply a thin layer of after care serum. ATTENTION! Do not apply excessive oil
- It is forbidden to apply vaseline, bepanthen, any antibiotic cream. White petroleum, A & D ointments (the risk of infection is very high)
- Exposure to sunlight or any other form of UV rays are strictly prohibited for 1 month
- It is strictly prohibited to apply any makeup in the eyebrow area for the next 2 weeks
- Access to pools is not recommended for one week (chlorine can cause irritation to the eyebrows).
- Sauna is not recommended for 1 week
- Fitness and any activities that requires effort and sweat are banned for the next 5 days
- During healing small skin peels may appear. using any abrasive creams or sea salt are strictly prohibited
- Sleeping with the head in the pillow is strictly prohibited for a period of 2 weeks. Pillow contact with the eyebrows while healing can remove pigment in some areas,

The 2nd microblading session or touch up is required between 4-8 weeks after the procedure.

Please note that a good aftercare is the key in order to have satisfactory results. 50% of the final results is based on a good aftercare routine.
The eyebrows immediately after the procedure will be up to 30% darker and up to 15% thicker than normal. Please be patient and follow the aftercare instructions as advised by your artist. It is strongly advised to get the second session as suggested by the artist and the procedure is not considered finished without a touch up.

BROW STUDIO
Micropigmentation Post- Procedure

General Micropigmentation (semi-permanent makeup) procedures are affected by the “canvas” (your skin) that they are performed on. Lifestyle, medications, smoking, metabolism, facial surgery, other procedures, and age of skin all contribute to fading. The initial application is always applied conservatively because every person’s skin is different and the final color can only be precisely determined and adjusted during a follow-up appointment after the initial application has fully healed.
Because of this, the micropigmentation process is not complete after the initial procedure. In all cases, a follow-up appointment is required approximately 6-8 weeks after your initial application to ensure the best result. Though rare, infection is possible. If you see signs of infection such as persistent increased redness or swelling, fever, drainage, or oozing, contact your doctor immediately.

● 48 hours after your procedure, apply a very thin coat of after care serum (gifted to you) to the area twice a day for 3-4 days (or until all scabbing/crust has come off)
● When the area starts to flake, leave it. Do not pick, peel or pull on the skin. (Can effect the finished results)
● Avoid sweating for 1 week post-procedure (can ruin end results)
● For at least one week post-procedure or until healing is complete (whichever is longer):
    ○ Keep your hands clean and avoid touching the affected area(s).
    ○ Do not scrub or pick treated areas.
    ○ Do not use peroxide or Neosporin on treated areas.
    ○ Do not expose area to direct sun or to tanning beds.
    ○ Avoid exposing the area excessive moisture or humidity, such as: facials, swimming, whirlpools (hot tubs), saunas, steam rooms, and steamy showers.
● Avoid Retin-A, moisturizers, glycolic acids, exfoliants and anti-aging products at all times (not just during healing) on all micro-pigmented areas. These can cause pigments to fade and lighten prematurely.
● Pigments will slowly fade over time according to one’s metabolism, skin type, sun exposure, medication, facial surgery, and smoking. Schedule maintenance visits as needed to keep it looking fresh.
● Periodic touch ups will ensure longer lasting results. Eyebrows
● Do not resume any method of eyebrow hair removal or coloration for at least two weeks.
● Avoid eyebrow tinting within 48 hours before or two weeks after the procedure.

<u>What will make your eyebrows fade?</u>
• Lighter pigment - blondes fade faster than brunettes
• Oily skin - hair strokes will both fade and blur over time

• Frequent exercise - the salt in sweat will purge the pigment from the skin
• Sun exposure - the sun bleaches everything
• Certain medications
• Anti-aging skincare products
• Acne medications and cream
• Youth – simply put, the younger/healthier you are, the faster your cells turn over

Eyebrow Micropigmentation Healing schedule If you've never had micropigmentation before, there are a lot of unknowns. One of the most common questions we are asked is what to expect during the healing process. While every person is different and some heal more quickly or slowly than others, here's generally what to expect.

Temporary side effects from micropigmentation include but are not limited to: redness, swelling, puffiness, bruising, dry patches and tenderness. You should expect to lose approximately 33% of the initial color during the healing process. We have selected the optimal pigments for you with this in mind. In approximately 4 days the brows will appear too dark in six days it may appear too light. After about 10 days, the color will show more. It will appear softer when completely healed.

What to look for day by day post treatment:
Day 1 The eyebrows are approximately 20-25% bolder and darker in width than they will be when healed. Expect light to moderate swelling and redness. The skin's redness causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the eyebrow area. Don't be concerned that your eyebrows initially appear darker and heavier in size than you desire. This is all part of the process.
Day 2 Conditions remain the same.
Day 3 Eyebrows start to itch and will appear a bit thicker in texture.
Day 4 The skin begins to flake, peeling from the outside edges first.
Day 5 Color finishes flaking off and appears softer and grayer for a few days until color clarifies.

Day 6 The color has lightened from its initial overly-dark appearance. For the next few days, the color may now be lighter than what the final color will be.
Day 10 The final color begins to stabilize and show through. The color will continue to soften as the healing process completes.

I UNDERSTAND AND ACCEPT THAT FAILURE TO FOLLOW THE POST-PROCEDURE INSTRUCTIONS ABOVE MAY RESULT IN A LOSS OR DISCOLORATION OF PIGMENT RESULTING IN A NEED FOR MORE FREQUENT TOUCH UPS.

_____ _____

Name (Please print legibly) Date

_____ _____

Client Signature Date

Practitioner statement:

I have personally reviewed the above information with my client

_____ _____

Practitioners signature Date

Brow Studio
Emergency plan

Emergency escape route; incase of a fire inside of the building there is 2 emergency exits, one is the entrance that faces mass ave and the second exit is in the back of the building in one of the procedure rooms, the second exit will bring you into the side driveway that leads to the back parking lot. Incase of a fire exit through one of the closest exits. All employees and clients need to immediately stop what they are doing and proceed out the building with caution.
Employees still must throw away sharps into sharps container to avoid harming anyone that comes in during the emergency. If you exit through the front please WALK out and take a left, head to the corner of the block or in front of the church at the corner. If you exit through the second exit in the back WALK out the door take a left when you reach the sidewalk take a right and walk past the funeral home, and wait in front of the second house over.

Arlington fire department
Arlington Police department

YOUR BUSINESS INFORMATION

Name of Facility: Brow Studio

Street Address: 294 Massachusetts Avenue

City: Arlington

Province & Postal Code: 02474

Telephone Number(s):

FACILITY MANAGER

Name: Kayla Bantz-Lucente

Primary Contact #: 617-999-7637

Alternate Contact #:

EMPLOYEES

Name: Kayla Bantz-Lucente

Primary Contact #: 617-999-7637

Alternate Contact #: 339-970-1710

INSURANCE COMPANY

Insurance Company Name: Marine agency

Claims Hotline #:

Policy Number:

EMERGENCY NUMBERS

Fire Department: arlington fire department 781- 316-3800

Police Department: arlington police department 781-643-1212

Ambulance Service: armstrong ambulance service 781-648-0612

Hospital: Winchester Hospital winchester ma 781-729-9000

Poison Control: Regional Center For Poison Control And Prevention 800-222-1222

Alarm Company: American Alarm & Communications Inc 781-641-2000

Hazard Control: ADVO WasteMedical 617-588-3804

UTILITY COMPANIES

Natural Gas: federal energy 781- 245-0185

Electricity: eversource (800) 592-2000

Water Service: arlington water department 781-316-3194

OTHER NUMBERS

Taxi Service:

Other:

Be sure to revisit your contact list on a regular basis to ensure that all of your emergency contact information is accurate and up-to-date.

Braiding means the cutting of strips of skin of a person, which strips are then to be intertwined with one another and placed onto such person so as to cause or allow the incised and interwoven strips of skin to heal in such intertwined condition.

Branding means inducing a pattern of scar tissue by use of a heated material (usually metal) to the skin, making a serious burn, which eventually becomes a scar.

Cleaning area means the area in a Body Art Establishment used in the sterilization, sanitation or other cleaning of instruments or other equipment used for the practice of body art.

Client means a member of the public who requests a body art procedure at a body art establishment.

Contaminated Waste means waste as defined in 105 CMR 480.000: Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste, State Sanitary Code, Chapter VIII and/or 29 Code of Federal Regulation part 1910.1030. This includes any liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state if compressed; items on which there is dried blood or other potentially infectious material and which are capable of releasing these materials during handling; sharps and any wastes containing blood or other potentially infectious materials.

Cosmetic Tattooing, also known as permanent cosmetics, micro pigment implantation or dermal pigmentation, means the implantation of permanent pigment around the eyes, lips and cheeks of the face and hair imitation.

Disinfectant means a product registered as a disinfectant by the U.S. Environmental Protection Agency (EPA).

Disinfection means the destruction of disease-causing microorganisms on inan-imate objects or surfaces, thereby rendering these objects safe for use or handling.

Ear piercing means the puncturing of the lobe of the ear with a presterilized single-use stud-and-clasp ear-piercing system following the manufacturer's instructions.

Equipment means all machinery, including fixtures, containers, vessels, tools, devices, implements, furniture, display and storage areas, sinks, and all other apparatus and appurtenances used in connection with the operation of a body art establishment.

Exposure means an event whereby there is an eye, mouth or other mucus membrane, non-intact skin or parental contact with the blood or bodily fluids of another person or contact of an eye, mouth or other mucous membrane, non-intact skin or parenteral contact with other potentially infectious matter.

Procedure surface means any surface of an inanimate object that contacts the client's unclothed body during a body art procedure, skin preparation of the area adjacent to and including the body art procedure, or any associated work area which may require sanitizing.

Sanitary means clean and free of agents of infection or disease.

Sanitize means the application of a U.S. EPA registered sanitizer on a cleaned surface in accordance with the label instructions.

Scarification means altering skin texture by cutting the skin and controlling the body's healing process in order to produce wounds, which result in permanently raised wheals or bumps known as keloids.

Sharps means any object, sterile or contaminated, that may intentionally or accidentally cut or penetrate the skin or mucosa, including, but not limited to, needle devices, lancets, scalpel blades, razor blades, and broken glass.

Sharps Container means a puncture-resistant, leak-proof container that can be closed for handling, storage, transportation, and disposal and that is labeled with the International Biohazard Symbol.

Single Use Items means products or items that are intended for one-time, one-person use and are disposed of after use on each client, including, but not limited to, cotton swabs or balls, tissues or paper products, paper or plastic cups, gauze and sanitary coverings, razors, piercing needles, scalpel blades, stencils, ink cups, and protective gloves.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Tattoo means the indelible mark, figure or decorative design introduced by insertion of dyes or pigments into or under the subcutaneous portion of the skin.

Tattooing means any method of placing ink or other pigment into or under the skin or mucosa by the aid of needles or any other instrument used to puncture the skin, resulting in permanent coloration of the skin or mucosa. This term includes all forms of cosmetic tattooing.

Temporary Body Art Establishment means the same as Mobile Body Art Establishment.

Three dimensional "3D" Body Art or Beading or Implantation means the form of body art consisting of or requiring the placement, injection or insertion of an object, device or other thing made of matters such as steel, titanium, rubber, latex, plastic, glass or other inert materials, beneath the surface of the skin of a person. This term does not include Body Piercing.

(D) The following body piercings are hereby prohibited: piercing of the uvula; piercing of the tracheal area; piercing of the neck; piercing of the ankle; piercing between the ribs or vertebrae; piercing of the web area of the hand or foot; piercing of the lingual frenulum (tongue web); piercing of the clitoris; any form of chest or deep muscle piercings, excluding the nipple; piercing of the anus; piercing of an eyelid, whether top or bottom; piercing of the gums; piercing or skewering of a testicle; so called "deep" piercing of the penis – meaning piercing through the shaft of the penis, or "trans-penis" piercing in any area from the corona glandis to the pubic bone; so called "deep" piercing of the scrotum – meaning piercing through the scrotum, or "transcrotal" piercing; so called "deep" piercing of the vagina.

(E) The following practices are hereby prohibited unless performed by a medical doctor licensed by the Commonwealth of Massachusetts: cosmetic tattooing; tongue splitting; braiding; three dimensional/beading/implementation tooth filing/fracturing/removal/tatooing; cartilage modification; amputation; genital modification; introduction of saline or other liquids.

6**.** Operation of Body Art Establishments

Unless otherwise ordered or approved by the Board, each body art establishment shall be constructed, operated and maintained to meet the following minimum requirements:

(A) Physical Plant

(1) Walls, floors, ceilings, and procedure surfaces shall be smooth, durable, free of open holes or cracks, light-colored, washable, and in good repair. Walls, floors, and ceilings shall be maintained in a clean condition. All procedure surfaces, including client chairs/benches, shall be of such construction as to be easily cleaned and sanitized after each client.

(2) Solid partitions or walls extending from floor to ceiling shall separate the establishment's space from any other room used for human habitation, any food establishment or room where food is prepared, any hair salon, any retail sales, or any other such activity that may cause potential contamination of work surfaces.

(3) The establishment shall take all measures necessary to ensure against the presence or breeding of insects, vermin, and rodents within the establishment.

(4) Each practitioner area shall have a minimum of 45 square feet of floor space for each practitioner. Each establishment shall have an area that may be screened from public view for clients requesting privacy. Multiple

art organizations or associations or by equipment manufacturers may also be submitted to the Board for approval.

(3) The applicant for a body piercing practitioner permit shall provide documentation, acceptable to the Board, that s/he completed a course on anatomy and physiology with a grade of C or better at a college accredited by the New England Association of Schools and Colleges, or comparable accrediting entity. This course must include instruction on the system of the integumentary system (skin).

(4) The applicant for a tattoo practitioner permit shall provide documentation, acceptable to the Board, that s/he completed a course on anatomy and physiology with a grade of C or better at a college accredited by the New England Association of Schools and Colleges, or comparable accrediting entity. This course must include instruction on the integumentary system (skin).

(5) The applicant for all practitioners shall submit evidence satisfactory to the Board of at least two years actual experience in the practice of performing body art activities of the kind for which the applicant seeks a body art practitioner permit to perform, whether such experience was obtained within or outside of the Commonwealth.

(H) A practitioner's permit shall be conditioned upon continued compliance with all applicable provisions of these rules and regulations.

13. Grounds for Suspension, Denial, Revocation, or Refusal to Renew Permit

(A) The Board may suspend a permit, deny a permit, revoke a permit or refuse to renew a permit on the following grounds, each of which, in and of itself, shall constitute full and adequate grounds for suspension, denial, revocation or refusal to renew:

(1) any actions which would indicate that the health or safety of the public would be at risk;

(2) fraud, deceit or misrepresentation in obtaining a permit, or its renewal;

(3) criminal conduct which the Board determines to be of such a nature as to render the establishment, practitioner or applicant unfit to practice body art as evidenced by criminal proceedings resulting in a conviction, guilty plea, or plea of nolo contendere or an admission of sufficient facts;

Town of Arlington, Massachusetts

Regulation of the Arlington Board of Health Restricting the Sale of Medical Marijuana

ATTACHMENTS:

	Type	File Name	Description
🗋	Reference Material	Medical_Marijuana_Memo.pdf	Medical Marijuana Memo
🗋	Reference Material	Draft_Regulation_Restricting_the_Sale_of_Medical_Marijuana_2019.pdf	Draft Regulation Restricting the Sale of Medical Marijuana
🗋	Reference Material	935CMR501.pdf	935 CMR 501

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

MEMO

To: Board of Health Members
From: Padraig Martin, Health Compliance Officer
Date: January 29, 2019
RE: Draft Marijuana Regulations

In November of 2012, the citizens of Massachusetts voted to legalize the use of medical marijuana within the State of MA. In conjunction with this, the Arlington Board of Health approved a regulation in 2016 restricting the sale of medical marijuana in accordance with the requirements of Massachusetts Department of Public Health 105 CMR 725.000 IMPLEMENTATION OF AN ACT FOR THE HUMANITARIAN MEDICAL USE OF MARIJUANA.

In July of 2017, Chapter 55 of the Acts of 2017 AN ACT TO ENSURE SAFE ACCESS TO MARIJUANA replaced Chapter 369 of the Acts of 2012 AN ACT FOR THE HUMANITARIAN MEDICAL USE OF MARIJUANA. It provided for the transfer of the oversight of the medical-use of marijuana program from the Massachusetts Department of Public Health to the Cannabis Control Commission. As such, the Cannabis Control Commission has promulgated new regulations 935 CMR 501.000 MEDICAL USE OF MARIJUANA

Enclosed is a copy of the Town of Arlington's regulations restricting the sale of medical marijuana amended to reflect these changes.

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476
Tel: (781) 316-3170
Fax: (781) 316-3175

Regulation of the Arlington Board of Health Restricting the Sale of Medical Marijuana

A. Statement of Purpose:

Whereas the citizens of Massachusetts voted in November of 2012 to declare there should be no punishment under state law for Qualifying Patients and health care professionals, Personal Caregivers for patients, or Registered Marijuana Dispensary Agents for the medical use of marijuana.

Whereas the Town of Arlington aims to abide by the aim of this law and ensure that Registered Marijuana Dispensaries abide by further regulations to ensure the public health and public safety of our residents.

Now, therefore it is the intention of the Town of Arlington to regulate the cultivation and sale of medical marijuana.

B. Authority:

This regulation is promulgated pursuant to the authority granted to the Arlington Board of Health by Massachusetts General Laws Chapter 111, Section 31 that "Boards of Health may make reasonable health regulations".

C. Definitions:

For the purpose of this regulation, the following words shall have the following meanings. Terms not herein defined shall be used as defined in 935 CMR 501.000: MEDICAL USE OF MARIJUANA.

Blunt Wrap: Any tobacco product manufactured or packaged as a wrap or as a hollow tube made wholly or in part from tobacco that is designed or intended to be filled by the consumer with loose tobacco or other fillers.

Board of Health: The Town of Arlington Board of Health and any of its authorized agents and representatives.

Business Agent: An individual who has been designated by the owner or operator of any establishment to be the manager or otherwise in charge of said establishment.

Card Holder: A Registered Qualifying Patient, a Personal Caregiver, or a Dispensary Agent of a Registered Marijuana Dispensary who has been issued and possesses a valid Registration Card.

Cultivation Site: The building, structure, enclosed space, area, room or group of rooms, and associated equipment and fixtures, where the cultivation of marijuana occurs pursuant only to a Hardship Cultivation Registration. This shall not refer to a site or facility where the cultivation of marijuana by a Registered

Marijuana Dispensary occurs, which shall be considered a Registered Marijuana Dispensary requiring a Permit to Operate a Medical Marijuana Dispensary.

Dispensary Agent: A board member, director, employee, executive, manager, or volunteer of a Registered Marijuana Dispensary, who is at least 21 years of age and who has received approval from the state under 935 CMR 501.030. Employee includes a consultant or contractor who provides on-site services to a Registered Marijuana Dispensary related to the cultivation, harvesting, preparation, packaging, storage, testing, or dispensing of marijuana.

Dispensary Agent Permit: A permit issued by the Board of Health, expiring on December 31st and to be renewed annually, which permits an eligible person to be employed by a Registered Marijuana Dispensary.

Dispensary Agent Permit Holder: Any employee at a Registered Marijuana Dispensary who applies for and receives a Dispensary Agent Permit.

E-Cigarette: Any electronic nicotine delivery product composed of a mouthpiece, heating element, battery and/or electronic circuits that provides a vapor of liquid nicotine to the user, or relies on vaporization of solid nicotine or any liquid. This term shall include such devices whether they are manufactured as e-cigarettes, e-cigars, e-pipes or under any other product name.

Employee: Any individual who performs services for an employer.

Employer: Any individual, partnership, association, corporation, trust or other organized group of individuals that uses the services of one (1) or more employees.

Hardship Cultivation Permit: A permit issued by the Board of Health, expiring on December 31st and to be renewed annually, which permits a Personal Caregiver or a Registered Qualifying Patient to cultivate medical marijuana at a cultivation site within the Town of Arlington.

Hardship Cultivation Permit Holder: Any Personal Caregiver or Registered Qualifying Patient engaged in the hardship cultivation of marijuana who applies for and receives a Hardship Cultivation Permit.

Hardship Cultivation Registration: A registration issued to a Registered Qualifying Patient under the requirements of 935 CMR 501.035.

Limited Access Area: A building, room, or other indoor or outdoor area on the registered premises of a Registered Marijuana Dispensary where marijuana, MIPs, or marijuana by-products are cultivated, stored, weighed, packaged, processed, or disposed, under control of a Registered Marijuana Dispensary, with access limited to only those Dispensary Agents designated by the Registered Marijuana Dispensary.

Marijuana: All parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; and resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant, fiber produced from the stalks, oil, or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks, except the resin extracted therefrom, fiber, oil, or cake or the sterilized seed of the plant which is incapable of germination. The term also includes Marijuana-Infused Products (MIPs) except where the context clearly indicates otherwise.

Marijuana-Infused Product (MIP): A product infused with marijuana that is intended for use or consumption, including but not limited to edible products, ointments, aerosols, oils, and tinctures. These products, when created or sold by a Registered Marijuana Dispensary, shall not be considered a food or a drug as defined in M.G.L. c. 94, s. 1.

Nicotine Delivery Product: Any manufactured article or product made wholly or in part of a tobacco substitute or containing nicotine that is expected or intended for human consumption, but not including a product approved by the United States Food and Drug Administration for sale as a tobacco use cessation or harm reduction product or for other medical purposes and which is being marketed and sold solely for that approved purpose. Nicotine delivery products include, but are not limited to, e-cigarettes.

Non-Residential Roll-Your-Own (RYO) Machine: A mechanical device made available for use (including to an individual who produces rolled marijuana products solely for the individual's own personal consumption or use) that is capable of making rolled marijuana products. RYO machines located in private homes used for solely personal consumption are not Non-Residential RYO machines.

Paraphernalia: "Drug paraphernalia" as defined in M.G.L. Ch. 94C, §1.

Permit to Operate a Registered Marijuana Dispensary (hereafter referred to as "RMD Operating Permit"): A permit issued by the Board of Health, expiring on December 31st and to be renewed annually, that permits a Registered Marijuana Dispensary to operate within the Town of Arlington. A separate RMD Operating Permit is required for each retail establishment selling marijuana and/or marijuana products and for each location, not being the same address as the retail establishment, where the Registered Marijuana Dispensary is approved by the Massachusetts Department of Public Health to cultivate marijuana or prepare MIPs.

Permit to Operate a Registered Marijuana Dispensary Holder (hereafter referred to as "RMD Operating Permit Holder"): Any not-for-profit entity engaged in the sale of medical marijuana that applies for and receives a RMD Operating Permit.

Personal Caregiver: A person, registered by the Massachusetts Department of Public Health, who is at least 21 years old, who has agreed to assist with a Registered Qualifying Patient's medical use of marijuana, and is not the Registered Qualifying Patient's certifying physician. An employee of a hospice provider, nursing, or medical facility or a visiting nurse, personal care attendant, or home health aide providing care to a Qualifying Patient may serve as a Personal Caregiver, including to patients under 18 years of age as a second caregiver.

Qualifying Patient: A Massachusetts resident 18 years of age or older who has been diagnosed by a Massachusetts licensed certifying physician as having a debilitating medical condition, or a Massachusetts resident under 18 years of age who has been diagnosed by two Massachusetts licensed certifying physicians, at least one of whom is a board-certified pediatrician or board-certified pediatric subspecialist, as having a debilitating medical condition that is also a life-limiting illness, subject to 935 CMR 501.010(10).

Agent Registration Card: An identification card formerly and validly issued by the Massachusetts Department of Public Health or currently and validly issued by the Cannabis Control Commission to an RMD or laboratory agent. The registration card allows access into Cannabis Control Commission-supported databases. The registration card facilitates verification of an individual registrant's status, including, but not limited to identification by the Cannabis Control Commission and law enforcement authorities of those individuals exempt from Massachusetts criminal and civil penalties under the act, M.G.L. c. 94I, and 935 CMR 501.000.

Patient Registration Card: An identification card formerly and validly issued by the Massachusetts Department of Public Health or currently and validly issued by the Cannabis Control Commission, to a registered qualifying patient, personal caregiver, RMD agent or laboratory agent. The patient registration card allows access into Cannabis Control Commission-supported databases. The patient registration card facilitates verification of an individual registrant's status, including, but not limited to, identification by the Cannabis Control Commission and law enforcement authorities, of those individuals who are exempt from Massachusetts criminal and civil penalties under M.G.L. c. 94I, and 935 CMR 501.000. A temporary patient registration issued to a qualifying patient shall be deemed a registration card.

Registered Marijuana Dispensary: A not-for-profit entity formerly and validly registered under 105 CMR 725.100 or currently and validly registered under 935 CMR 501.100 that acquires, cultivates, possesses, processes (including development of related products such as edible MIPs, tinctures, aerosols, oils, or ointments), transfers, transports, sells, distributes, dispenses, or administers marijuana, products containing marijuana, related supplies, or educational materials to registered Qualifying Patients or their Personal Caregiver(s). Unless otherwise specified, Registered Marijuana Dispensaries refers to the site(s) of dispensing, cultivation, and preparation of marijuana (for the purpose of this regulation a Medical Marijuana Treatment Center shall also be called a Registered Marijuana Dispensary).

Registered Qualifying Patient: A Qualifying Patient was formerly and validly issued a registration card by the Massachusetts Department of Public Health or is currently and validly issued a registration card by the Cannabis Control Commission.

Self-Service Display: Any display from which customers may select a marijuana product without assistance from a Dispensary Agent or store personnel.

Smoking: The lighting of a cigar, cigarette, pipe or other tobacco product or possessing a lighted cigar, cigarette, pipe or other tobacco or non-tobacco product designed to be combusted and inhaled.

Thirty-Day Supply: That amount of marijuana, or equivalent amount of marijuana in MIPs, that a Registered Qualifying Patient would reasonably be expected to need over a period of 30 calendar days for his or her personal medical use, which is a maximum of 5 ounces.

Tobacco Product: Cigarettes, cigars, chewing tobacco, pipe tobacco, bidis, snuff, blunt wraps or tobacco in any of its forms.

Vending Machine: Any automated or mechanical self-service device, which upon insertion of money, tokens or any other form of payment, dispenses or makes marijuana products.

Written Certification: A form submitted to the Massachusetts Department of Public Health by a Massachusetts licensed certifying physician, describing the Qualifying Patient’s pertinent symptoms, specifying the patient’s debilitating medical condition, and stating that in the physician’s professional opinion the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.

D. Permit to Operate a Registered Marijuana Dispensary:

1. No person shall sell or otherwise distribute marijuana or marijuana products within the Town of Arlington without first obtaining a Permit to Operate a Registered Marijuana Dispensary (“RMD Operating Permit”)

issued annually by the Board of Health. Only Registered Marijuana Dispensaries with a permanent, non-mobile location in Arlington, meeting zoning restrictions, are eligible to apply for a RMD Operating Permit to maintain a supply of marijuana or marijuana products at the specified location in Arlington.

2. As part of the application process, the applicant will submit to the Board of Health the detailed summary of operating policies and procedures for the Registered Marijuana Dispensary as submitted with their Phase II application per 935 CMR 501.100, including, but not limited to, provisions for security, prevention of diversion, storage of marijuana, transportation of marijuana, inventory procedures, procedures for quality control and testing of product for potential contaminants, procedures for maintaining confidentiality as required by law, personnel policies, dispensing procedures, record-keeping procedures, plans for patient education, and any plans for patient or Personal Caregiver home-delivery.

3. As part of the RMD Operating Permit application process the applicant will be provided with this regulation. Each applicant is required to sign a statement declaring that the applicant has read said regulation and understands that under this regulation they are responsible for complying with all local and state regulations pertaining to the operation of the Registered Marijuana Dispensary. Specifically, a violation of any provision of 935 CMR 501.000 or other applicable state regulation constitutes a violation of this regulation, which may be enforced by the Board of Health.

4. Each applicant is required to provide proof of a current Certificate of Registration to Operate a Registered Marijuana Dispensary, formerly and validly issued by the Massachusetts Department of Public Health or currently and validly issued by the Cannabis Control Commission, before a RMD Operating Permit can be issued.

5. The Board of Health will hold a public hearing for the applicant to speak regarding their initial application. The Board of Health may require the applicant to furnish additional information regarding their application before voting to grant or deny the RMD Operating Permit. The Board will not hold a public hearing for renewal applications.

6. Each RMD must hold an annual community meeting to provide abutters and community residents with an opportunity to comment on the RMD's operating practices, policies and plans. The community meeting shall be advertised by the RMD through direct mail or other written communication to abutters. A notice of the same shall be advertised in the local newspaper. A report outlining the attendance, comments received, and proposed responses and plans to address the comments shall be submitted to the Board with the renewal application.

7. As a condition of RMD Operating Permit issuance, the Registered Marijuana Dispensary agrees to provide to the Board of Health a copy of their Certificate of Registration, annual renewals thereafter, any changes to the business as described in 935 CMR 501.100(6) and current written operating procedures required in 935 CMR 501.105.

8. As a condition of RMD Operating Permit issuance, the Registered Marijuana Dispensary agrees to provide a home delivery service in accordance with 935 CMR 501.000 to patients who demonstrate an inability to access the Registered Marijuana Dispensary.

9. As a condition of RMD Operating Permit issuance, the Registered Marijuana Dispensary agrees to notify the Board of Health orally and in writing within 24 hours of a visit to the premises or request for information by any representative of the Cannabis Control Commission acting in an official capacity. The

Registered Marijuana Dispensary shall provide the Board of Health with any reports, written or electronic correspondence, or information from the Cannabis Control Commission on demand or, in any case, within five (5) business days after receipt by the Registered Marijuana Dispensary.

10. No applicant is permitted to sell alcohol, tobacco products and/or nicotine delivery products and must not be in possession of either a tobacco sales permit or a liquor license issued by the Town of Arlington and/or its Board of Health.

11. No applicant is permitted to hold a common victualler license or food service permit issued by the Board of Health for on-premises food consumption.

12. Applicants who wish to prepare or sell edible MIPs at their Registered Marijuana Dispensary must undergo the Board of Health plan review process for food establishments prior to beginning operations. All edible MIPs shall be prepared, handled and stored in accordance with the requirements of 105 CMR 590.000: Minimum Sanitation Standards for Food Establishments at all times during operation.

13. No applicant is permitted to be a Massachusetts lottery dealer.

14. A separate RMD Operating Permit is required for each retail establishment selling marijuana and/or marijuana products and for each location, not being the same address as the retail establishment, where the Registered Marijuana Dispensary was formerly and validly approved by the Massachusetts Department of Public Health or is currently and validly approved by the Cannabis Control Commission to cultivate marijuana or prepare MIPs.

15. The RMD Operating Permit shall be displayed in an open, conspicuous place in view of the public.

16. Permit to Operate a Registered Marijuana Dispensary Holders ("RMD Operating Permit Holders") shall at all times ensure the buildings, structures, physical facilities, vehicles, fixtures and equipment of the Registered Marijuana Dispensary are being maintained in a sanitary condition, in good repair, free from defects, and in every way fit for the use intended so as to prevent the occurrence of any nuisance conditions or other conditions which may endanger or impair health, safety or wellbeing of an occupant or the general public.

17. Applicants shall develop a plan, subject to review and approval by the Board of Health, for the safe and secure storage and disposal of all marijuana waste and refuse. The plan shall ensure all marijuana waste and refuse is rendered unusable and is disposed of in accordance with applicable law.

18. RMD Operating Permit Holders shall at all times be subject to periodic, unannounced inspections conducted by the Board of Health. Denial of access to the Board of Health may be grounds for immediate suspension or revocation of a RMD Operating Permit.

19. Issuance and maintaining a RMD Operating Permit shall be conditioned on the RMD Operating Permit Holder's compliance with any orders issued by the Board of Health to correct any deficiencies or violations identified during an inspection.

20. Issuance and maintaining a RMD Operating Permit shall be conditioned on an applicant's on-going compliance with this regulation, the requirements set forth in 935 CMR 501.000, a violation of which constitutes a violation of this regulation, which may be enforced by the Board of Health, all other current

Commonwealth of Massachusetts requirements and policies regarding marijuana sales, as well as all bylaws and zoning bylaws of the Town of Arlington.

21. RMD Operating Permit Holders agree that a Registered Marijuana Dispensary will not open for business before 9:00 am and shall close no later than 8:00 pm daily.

22. A RMD Operating Permit is non-transferable. A new owner of a Registered Marijuana Dispensary must apply for a new RMD Operating Permit. No new RMD Operating Permit will be issued unless and until all outstanding penalties incurred by the previous RMD Operating Permit Holder are satisfied in full.

23. A RMD Operating Permit will not be renewed if the RMD Operating Permit Holder has failed to pay all fines issued and the time period to appeal the fines has expired and/or has not satisfied any outstanding RMD Operating Permit suspensions.

24. The fee for a RMD Operating Permit shall be determined by the Board of Health annually.

E. Dispensary Agent Permit:

1. No Dispensary Agent or person shall sell or otherwise distribute marijuana or marijuana products at a Registered Marijuana Dispensary within the Town of Arlington without first obtaining a Dispensary Agent Permit issued annually by the Board of Health.

2. As part of the Dispensary Agent Permit application process, the applicant will be provided with this regulation. Each applicant is required to sign a statement declaring that the applicant has read said regulation and understands that under this regulation they are responsible for complying with all local and state regulations pertaining to the operation of the Registered Marijuana Dispensary. Specifically, a violation of any provision of 935 CMR 501.000 or other applicable state regulation constitutes a violation of this regulation, which may be enforced by the Board of Health.

3. Each applicant is required to provide proof by means of a valid government-issued photographic identification containing the bearer's date of birth that the applicant is 21 years old or older.

4. Each applicant is required to provide proof of a current Dispensary Agent registration, formerly and validly issued by the Massachusetts Department of Public Health or currently and validly issued by the Cannabis Control Commission, before a Dispensary Agent Permit can be issued.

5. Each applicant is required to provide the Criminal Offender Record Information (CORI) report submitted on their behalf to the Massachusetts Department of Public Health by the Registered Marijuana Dispensary.

6. Issuance and maintaining a Dispensary Agent Permit shall be conditioned on an applicant's on-going compliance with this regulation, the requirements set forth in 935 CMR 501.000, a violation of which constitutes a violation of this regulation, which may be enforced by the Board of Health, as well as all other current Commonwealth of Massachusetts requirements and policies regarding marijuana sales.

7. A Dispensary Agent Permit will not be renewed if the Dispensary Agent Permit Holder has failed to pay all fines issued and the time period to appeal the fines has expired and/or has not satisfied any outstanding Dispensary Agent Permit suspensions.

8. Dispensary Agents must present their Cannabis Control Commission or Massachusetts Department of Public Health Agent Registration Car and Dispensary Agent Permit to any law enforcement officer or municipal agent who questions the agent concerning their marijuana-related activities.

9. The fee for a Dispensary Agent Permit shall be determined by the Board of Health annually.

F. <u>Marijuana Sales at Registered Marijuana Dispensaries</u>:

1. No person shall sell marijuana from any location other than at a Registered Marijuana Dispensary that possesses a valid RMD Operating Permit issued by the Board of Health.

2. Registered Marijuana Dispensaries shall only permit Dispensary Agents to transport marijuana or MIPs on their behalf, whether between dispensaries, dispensary sites, or to Registered Qualifying Patients or Personal Caregivers and follow Cannabis Control Commission guidelines found in 935 CMR 501.110(5) which shall be made available to the Arlington Police Department upon request.

3. Registered Marijuana Dispensaries shall permit entry to the Registered Marijuana Dispensary, to specifically engage in activity expressly or by necessary implication permitted by the MGL Ch. 369 and 935 CMR 501.000, to only Registered Qualifying Patients, Personal Caregivers, Dispensary Agents, persons authorized by 935 CMR 501.105(16) and, subject to the requirements of 935 CMR 501.110(3) (E), outside vendors, contractors and visitors.

4. Registered Marijuana Dispensaries shall limit entry to their "Limited Access Areas" to Dispensary Agents and outside vendors, contractors and visitors meeting the requirements found at 935 CMR 501.110(3).

5. Registered Marijuana Dispensaries shall limit sales and/or transactions to quantities of marijuana, or equivalent amounts of marijuana in MIPs, not to exceed a thirty-day supply. A period of time not less than thirty days must elapse before a Registered Qualifying Patient or Personal Caregiver can obtain another thirty day supply from the Registered Marijuana Dispensary.

6. Dispensary Agents shall verify the Registration Card of the Card Holder by means of a valid government-issued photographic identification. No separate identification is required for valid Registration Cards bearing a photograph of the Card Holder.

7. No person shall distribute, or cause to be distributed, any free samples of marijuana or marijuana products. No means, instruments or devices that allow for the redemption of marijuana or marijuana products are prohibited.

8. Registered Marijuana Dispensaries are prohibited from using self-service displays, vending machines or Non-Residential Roll-Your-Own machines. All retail sales of marijuana must be face-to-face between the Dispensary Agent and the Card Holder and occur at the permitted location, unless the Card Holder is the proper recipient of home delivery in accordance with 935 CMR 501.000.

9. The owner or other person in charge of a Registered Marijuana Dispensary shall conspicuously post signage at all entrances indicating that the entry to persons not possessing a valid Registration Card is prohibited. The notice shall be no smaller than 8.5" by 11" and shall be posted conspicuously in the retail establishment or other place in such a manner so that they may be readily seen by a person approaching the Registered Marijuana Dispensary.

G. Hardship Cultivation Permit:

1. No Registered Qualifying Patient, Personal Caregiver or other person shall cultivate marijuana pursuant to a Hardship Cultivation Registration in accordance with 935 CMR 501.000 within the Town of Arlington without first obtaining a Hardship Cultivation Permit issued annually by the Board of Health.

2. Each applicant is required to provide proof of a current Hardship Cultivation Registration and, where applicable, a current registration card for a Personal Caregiver issued by the Cannabis Control Commission or the Massachusetts Department of Public Health before a Hardship Cultivation Permit can be issued.

3. As part of the Hardship Cultivation Permit application process, Personal Caregivers and Registered Qualifying Patients who cultivate marijuana in the Town of Arlington shall submit a copy of the documents provided to Cannabis Control Commission or the Massachusetts Department of Public Health as outlined in 935 CMR 501.020(1) to the Board of Health.

4. Each Hardship Cultivation Permit Holder shall at all times ensure the cultivation site is being maintained in a sanitary condition, in good repair, free from defects, and in every way fit for the use intended so as to prevent the occurrence of any nuisance conditions or other conditions which may endanger or impair health, safety or wellbeing of an occupant or the general public.

5. A portable fire extinguisher that complies with the regulations and standards adopted by the State Fire Marshal and applicable law shall be securely mounted at each entrance to the room where the cultivation occurs.

6. Hardship Cultivation Permit Holders shall at all times be subject to cultivation site inspections conducted by the Board of Health. Denial of access to the Board of Health may be grounds for immediate suspension or revocation of a Hardship Cultivation Permit.

7. Issuance and maintaining a Hardship Cultivation Permit shall be conditioned on the Hardship Cultivation Permit Holder's compliance with any orders issued by the Board of Health to correct any deficiencies or violations identified during an inspection.

8. Issuance and maintaining a Hardship Cultivation Permit shall be conditioned on the applicant or Hardship Cultivation Permit Holder's on-going compliance with this regulation, the requirements set forth in 935 CMR 501.000, as well as all bylaws and zoning bylaws of the Town of Arlington.

9. The fee for a Hardship Cultivation Permit shall be determined by the Board of Health annually.

H. Registration Card Holders:

A Registered Qualifying Patient, Personal Caregiver or a Dispensary Agent must notify the Arlington Police Department after he or she discovers that his or her Registration Card has been lost or stolen.

I. Financial Security:

RMD Operating Permit Holders shall provide a non-cancellable surety bond or other form of surety approved by the Board of Health to cover the cost of removal, closure and/or clean-up in the event the Town must remove, close and/or clean-up the Registered Marijuana Dispensary. The amount and form of the surety bond or any other form of surety shall be determined by the Board of Health, but in no event shall exceed more than 150 percent of the cost of removal, closure and/or clean-up. The RMD Operating Permit Holder shall submit a fully inclusive estimate of the costs associated with removal, closure and/or clean-up, prepared by a qualified Hazardous Waste Remediation Contractor.

K. Violations:

1. Upon a finding that a RMD Operating Permit Holder, a Dispensary Agent Permit Holder or a Hardship Cultivation Permit Holder has violated any provision of this regulation, the Board of Health may order, in writing, the person(s) responsible for violating this regulation to correct any violation of the provisions of this regulation within a specified timeframe.

2. It shall be the responsibility of the RMD Operating Permit Holder and the Dispensary Agent Permit Holder to ensure compliance with all sections of this regulation pertaining to his or her distribution and/or cultivation of marijuana and/or marijuana products. The violator shall receive:

    a. In the case of a first violation, a fine of three hundred dollars ($300.00**)**.

    b. In the case of a second violation within 36 months of the date of the current violation, a fine of three hundred dollars ($300.00) and the RMD Operating Permit or Dispensary Agent Permit shall be suspended for seven (7) consecutive business days.

    c. In the case of three or more violations within a 36 month period, a fine of three hundred dollars ($300.00) and the RMD Operating Permit or Dispensary Agent Permit shall be suspended for thirty (30) consecutive business days.

    d. The Board of Health reserves the right to permanently revoke a RMD Operating Permit, Dispensary Agent Permit or Hardship Cultivation Permit for cause.

    e. If a permit holder has obtained a permit or license from any other licensing or permitting authority within the Town of Arlington, the Board of Health shall notify such authority in writing of any violations of this regulation

    f. Refusal to cooperate with inspections pursuant to this regulation shall result in the suspension of the RMD Operating Permit and/or Dispensary Agent Permit.

    g. In addition to the monetary fines set above, any RMD Operating Permit Holder or Dispensary Agent Permit Holder who engages in the sale or distribution of marijuana or marijuana products while his or her RMD Operating Permit or Dispensary Agent Permit is suspended may be subject to the suspension and/or revocation of all Arlington-issued permits and licenses.

    h. The Board of Health shall provide notice of the intent to suspend or revoke a RMD Operating Permit, Dispensary Agent Permit, or Hardship Cultivation Permit, which notice shall contain the reasons therefore and establish a time and date for a hearing, which date shall be no earlier than seven (7) days after the date of said notice. The RMD Operating Permit Holder, Dispensary Agent

Permit Holder, Hardship Cultivation Permit Holder or other involved party shall have an opportunity to be heard at such hearing. At the conclusion of the hearing, the Board of Health shall vote to suspend or revoke the RMD Operating Permit, Dispensary Agent Permit or Hardship Cultivation Permit if cause for such action is found. All involved parties shall be notified in writing of the Board of Health's decision within seven (7) days of the hearing. For purposes of such suspensions or revocations, the Board of Health shall make the determination notwithstanding any separate criminal or non-criminal proceedings brought in court hereunder or under the Massachusetts General Laws for the same offense. All marijuana and marijuana products shall be removed from the retail establishment upon suspension of the RMD Operating Permit. Failure to remove all marijuana and marijuana products shall constitute a separate violation of this regulation.

L. Non-Criminal Disposition:

Whoever violates any provision of this regulation may be penalized by the non-criminal method of disposition as provided in Massachusetts General Laws, Chapter 40, Section 21D or by filing a criminal complaint at the appropriate venue.

Each day any violation exists shall be deemed to be a separate offense.

M. Enforcement:

Enforcement of this regulation shall be by the Arlington Board of Health or its designated agent(s).

Any resident who desires to register a complaint pursuant to this regulation may do so by contacting the Arlington Board of Health or its designated agent(s) and they shall investigate.

N. Severability:

If any provision of this regulation is declared invalid or unenforceable, the other provisions shall not be affected thereby but shall continue in full force and effect.

O. Effective Date:

This regulation shall take effect on _____, 2019.

1. _____ Marie Walsh Condon, MD

2. _____ Kenneth Kohlberg, JD, MPH

3. _____ Kevin Fallon, DVM

935 CMR 501.000: MEDICAL USE OF MARIJUANA

Section

501.001: Purpose

The purpose of 935 CMR 501.000 is to implement St. 2017, c. 55, §§ 64 through 71, and 82, An Act to Ensure Safe Access to Marijuana, and M.G.L. c. 94I.

501.002: Scope

935 CMR 501.000 applies to every person who:

501.002: continued

(1) Validly registered with the Department of Public Health (Department) by or before the Program Transfer or seeks to register or registers with the Cannabis Control Commission (Commission) after the Program Transfer as a healthcare provider, registered qualifying patient, personal caregiver, institutional caregiver or for hardship cultivation;
(2) Is a healthcare provider who seeks to certify or certifies that an individual has a debilitating medical condition; or
(3) Validly registered with the Department by or before the Program Transfer or seeks to register or registers with the Commission after the Program Transfer as a Registered Marijuana Dispensary (RMD) or RMD agent, including such RMD's board members, directors, employees, executives, managers and volunteers; a caregiving institution; or an independent testing laboratory or laboratory agent.

501.003: Definitions

For the purposes of 935 CMR 501.000, the following terms shall have the following meanings:

Agent Registration Card or Medical-use Agent Registration Card means an identification card formerly and validly issued by the Department or currently and validly issued by the Commission to an RMD or laboratory agent. The registration card allows access into Commission-supported databases. The registration card facilitates verification of an individual registrant's status including, but not limited to, identification by the Commission and law enforcement authorities of those individuals exempt from Massachusetts criminal and civil penalties under M.G.L. c. 94I, and 935 CMR 501.000.

Arming Station means a device that allows control of a security alarm system.

Bona Fide Healthcare Provider-patient Relationship means a relationship between a certifying healthcare provider, acting in the usual course of his or her professional practice, and a patient in which the healthcare provider has conducted a clinical visit, completed and documented a full assessment of the patient's medical history and current medical condition, has explained the potential benefits and risks of marijuana use, and has a role in the ongoing care and treatment of the patient.

Card Holder means a registered qualifying patient, personal caregiver, independent laboratory agent, or RMD agent of an RMD who was formerly and validly issued and possesses a valid registration card by the Department or is currently and validly issued and possesses a valid registration card by the Commission.

Caregiver means a personal caregiver or institutional caregiver.

Caregiving Institution means a hospice program, long term care facility, or hospital duly licensed or certified by the Department or Commission providing care to a registered qualifying patient on the premises of the facility or through a hospice program.

Certificate of Registration means the certificate formerly and validly issued by the Department or currently and validly issued by the Commission that confirms that an RMD, caregiving institution or independent testing laboratory has met all applicable requirements pursuant to M.G.L. c. 94I, and 935 CMR 501.000, and was formerly and validly registered by the

Department or is currently and validly registered by the Commission. An RMD may be eligible for a provisional or final certificate of registration.

Certifying Certified Nurse Practitioner means a Massachusetts licensed certified nurse practitioner (CNP) licensed pursuant to 244 CMR 4.00: *Advanced Practice Registered Nursing*, who certifies that in his or her professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for a qualifying patient.

501.003: continued

Certifying Healthcare Provider means a certifying CNP, a certifying physician or a certifying physician assistant.

Certifying Physician means a Massachusetts licensed physician (Medical Doctor or Doctor of Osteopathy) who certifies that in his or her professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for a qualifying patient.

Certifying Physician Assistant means a Massachusetts physician assistant licensed pursuant to 263 CMR 3.00: *Licensure of Individual Physician Assistants*, who certifies that in his or her professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for a qualifying patient.

Colocated Marijuana Operations (CMO) means an entity operating under both an RMD registration pursuant to 935 CMR 501.000 and 935 CMR 500.000: *Adult Use of Marijuana* on the same premise. Colocated marijuana operations pertain to cultivation, product manufacturing, and retail, but not any other adult-use license.

Commercially Available Candy means any product that is manufactured and packaged in the form of bars, drops, or pieces and that includes a sweetened mixture of chocolate, caramel, nougat, nuts, fruit, cream, honey, marshmallow or any similar combination to create a dessert-like confection.

Commission means the Massachusetts Cannabis Control Commission established by M.G.L. c. 10, § 76, or its designee. The Commission has authority to implement the state marijuana laws, which include, but are not limited to, St. 2016, c. 334 as amended by St. 2017, c. 55; M.G.L. c. 94G, M.G.L. c. 94I; 935 CMR 500.000: *Adult Use of Marijuana*; St. 2017, c. 5; 935 CMR 501.000 and 935 CMR 502.000: *Colocated Adult-use and Medical-use Marijuana Operations*.

Commission Designee(s) means other state or local officials or agencies working in cooperation with the Commission and as designated by the Commission to carry out the Commission's responsibilities and to ensure compliance with St. 2017, c. 55; M.G.L. c. 94I; and 935 CMR 501.000. A Commission designee includes, but is not limited to, the Massachusetts Department of Public Health and the Massachusetts Department of Agricultural Resources.

Debilitating means causing weakness, cachexia, wasting syndrome, intractable pain, or nausea, or impairing strength or ability, and progressing to such an extent that one or more of a patient's major life activities is substantially limited.

Debilitating Medical Condition means cancer, glaucoma, positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn's disease, Parkinson's disease, and multiple sclerosis (MS), when such diseases are debilitating, and other debilitating conditions as determined in writing by a qualifying patient's healthcare provider.

Department of Public Health or Department means the Massachusetts Department of Public Health, unless otherwise specified. The Department had the authority to implement and regulate the medical-use of marijuana program before the Program Transfer.

Duress Alarm means a silent security alarm system signal generated by the entry of a designated code into an arming station to signal that the alarm user is being forced to turn off the system.

Edible Marijuana-infused Products (Edible MIPs) means a Marijuana-infused Product (MIP) that is to be consumed by eating or drinking.

501.003: continued

Electronic Certification means a document signed or executed electronically by a registered healthcare professional, stating that in the healthcare professional's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks for the qualifying patient. Such certification shall be made only in the course of a *bona fide* healthcare professional-patient relationship and shall specify the qualifying patient's debilitating medical condition. Electronic certifications, upon submission by a healthcare professional to the Commission, shall automatically generate a temporary registration.

Enclosed, Locked Area means a closet, room, greenhouse, or other indoor or outdoor area equipped with locks or other security devices, accessible only to RMD agents, registered qualifying patients, or caregivers.

Executive means the chair of a board of directors, chief executive officer, executive director, president, senior director, other officer, and any other executive leader of an RMD.

Final RMD Certificate of Registration means a certificate formerly and validly issued by the Department or currently and validly issued by the Commission that confirms that an RMD has passed all inspection(s) required by the Department or Commission and may commence cultivation of medical-use marijuana, but not adult-use marijuana unless the RMD is also licensed in accordance with 935 CMR 500.000: *Adult Use of Marijuana*.

Flowering means the gametophytic or reproductive state of marijuana in which the plant produces flowers, trichomes, and cannabinoids characteristic of marijuana.

Hardship Cultivation Registration means a registration issued to a registered qualifying patient under the requirements of 935 CMR 501.035.

Healthcare Professional or Provider means a duly Massachusetts licensed physician, physician assistant or certified nurse practitioner (CNP) qualified under 935 CMR 501.000, to issue written certifications for the medical use of marijuana and authorized by the Commission. A certifying healthcare provider must have *a bona fide* healthcare provider-patient relationship.

Holdup Alarm means a silent alarm signal generated by the manual activation of a device intended to signal a robbery in progress.

Immediate Family Member means a spouse, parent, child, grandparent, grandchild, or sibling, including in-laws.

Independent Testing Laboratories means laboratories qualified to test marijuana in compliance with M.G.L. 94I, and 935 CMR 501.000.

Institutional Caregiver means an employee of a hospice program, long-term care facility, or hospital providing care to a registered qualifying patient on the premises of a long-term care facility, hospital or through a hospice program.

Known Allergen means milk, egg, fish, crustacean shellfish, tree nuts, wheat, peanuts, and soybeans, or such other allergen identified by the Department or Commission.

Laboratory Agent means an employee of an independent testing laboratory who transports or

tests medical-use marijuana or marijuana products, but not adult-use marijuana or marijuana products unless the agent is also registered in accordance with 935 CMR 500.000: *Adult Use of Marijuana*.

Life-limiting Illness means a debilitating medical condition that does not respond to curative treatments, where reasonable estimates of prognosis suggest death may occur within two years.

501.003: continued

Limited Access Area means a building, room, or other indoor or outdoor area on the registered premises of an RMD where marijuana, MIPs, or marijuana byproducts are cultivated, stored, weighed, packaged, processed, or disposed, under control of an RMD, with access limited to only to RMD agents and persons that are essential to operations in these areas designated by the RMD, representatives of the Commission in the course of responsibilities authorized by St. 2017, c. 55, M.G.L. c. 94I, and 935 CMR 501.000, Commission designee(s), and law enforcement authorities acting within their lawful jurisdiction, unless otherwise authorized by the Commission.

Marijuana or Cannabis means all parts of any plant of the genus Cannabis, not excepted in 935 CMR 501.003, and whether growing or not; the seeds thereof; and resin extracted from any part of the plant; clones of the plant; and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or resin including tetrahydrocannabinol as defined in M.G.L. c. 94G, § 1; provided that cannabis shall not include:

(a) the mature stalks of the plant, fiber produced from the stalks, oil, or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stalks, fiber, oil, or cake made from the seeds of the plant or the sterilized seed of the plant that is incapable of germination;

(b) hemp; or

(c) the weight of any other ingredient combined with cannabis or marijuana to prepare topical or oral administrations, food, drink or other products.

Marijuana-infused Product (MIP) means a product infused with marijuana that is intended for use or consumption including, but not limited to, edible products, ointments, aerosols, oils, and tinctures. These products, when created or sold by an RMD, shall not be considered a food or a drug as defined in M.G.L. c. 94, § 1.

Massachusetts Resident means a person whose primary residence is in Massachusetts.

Panic Alarm means an audible security alarm system signal generated by the manual activation of a device intended to signal a life threatening or emergency requiring a law enforcement response.

Paraphernalia means "drug paraphernalia" as defined in M.G.L. c. 94C, § 1.

Patient Registration Card means a registration card formerly and validly issued by the Department or a temporary or an annual registration card currently and validly issued by the Commission, to a registered qualifying patient. The registration card allows access into Commission supported databases. The registration card facilitates verification of an individual registrant's status including, but not limited to, identification by the Commission and law enforcement authorities, of those individuals who are exempt from Massachusetts criminal and civil penalties under M.G.L. c. 94I, and 935 CMR 501.000. A temporary patient registration issued to a qualifying patient shall be deemed a registration card.

Person means an individual or an entity.

Personal Caregiver means a person, formerly and validly registered by the Department or currently and validly registered by the Commission, who is 21 years of age or older, who has agreed to assist with a registered qualifying patient's medical use of marijuana and is not the registered qualifying patient's certifying healthcare provider. A visiting nurse, personal care

attendant, or home health aide providing care to a registered qualifying patient may serve as a personal caregiver, including to patients younger than 18 years old as a second caregiver.

Personal Caregiver Registration Card means a registration card formerly and validly issued by the Department or a temporary or an annual registration card currently and validly issued by the Commission to a personal caregiver. The registration card allows access into Commission supported databases. The registration card facilitates verification of an individual registrant's status including, but not limited to, identification by the Commission and law enforcement authorities, of those individuals who are exempt from Massachusetts criminal and civil penalties under M.G.L. c. 94I, and 935 CMR 501.000. A temporary registration issued to a personal caregiver shall be deemed a registration card.

501.003: continued

Pesticide means a substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest, and any substance or mixture of substances intended for use as a plant regulator, defoliant, or desiccant; provided that Pesticide shall not include any article that is a "new animal drug" within the meaning of § 201(w) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. § 321(w), or that has been determined by the Secretary of the United States Department of Health, Education and Welfare not to be a new animal drug by a regulation establishing conditions of use for the article, or that is an animal feed within the meaning of § 201(x) of such act (21 U.S.C. § 321 (x)).

Production Area means any limited access area within the RMD where marijuana is handled or produced in preparation for sale.

Program Transfer means the transfer of the medical use of marijuana program pursuant to St. 2017, c. 55, §§ 64 through 71, and 82, and M.G.L. c. 94I.

Propagation means the reproduction of marijuana plants by seeds, cuttings, or grafting.

Provisional RMD Certificate of Registration means a certificate formerly and validly issued by the Department or currently and validly issued by the Commission confirming that an RMD has completed the application process.

Qualifying Patient means a Massachusetts resident 18 years of age or older who has been diagnosed by a Massachusetts licensed healthcare provider as having a debilitating medical condition, or a Massachusetts resident younger than 18 years old who has been diagnosed by two Massachusetts licensed certifying physicians, at least one of whom is a board-certified pediatrician or board-certified pediatric subspecialist, as having a debilitating medical condition that is also a life-limiting illness, subject to 935 CMR 501.010(10).

Registered Marijuana Dispensary (RMD), or Medical Marijuana Treatment Center means an entity formerly and validly registered under 105 CMR 725.000: *Implementation of an Act for the Humanitarian Medical Use of Marijuana* or currently and validly registered under 935 CMR 501.100, that acquires, cultivates, possesses, processes (including development of related products such as edible MIPs, tinctures, aerosols, oils, or ointments), transfers, transports, sells, distributes, dispenses, or administers marijuana, products containing marijuana, related supplies, or educational materials to registered qualifying patients or their personal caregivers. Unless otherwise specified, RMD refers to the site(s) of dispensing, cultivation, and preparation of marijuana.

Registered Qualifying Patient means a qualifying patient who was formerly and validly issued an annual registration card by the Department or is currently and validly issued a temporary or an annual registration card by the Commission.

Registrant means the holder of a registration card or a certificate of registration, or a certifying healthcare provider formerly and validly registered with the Department or currently or validly Commission.

Registration Card means a registration card formerly and validly issued by the Department or currently and validly issued by the Commission, to a registered qualifying patient, personal caregiver, institutional caregiver, RMD agent or laboratory agent. The registration card allows

access into Commission supported databases. The registration card facilitates verification of an individual registrant's status including, but not limited to, identification by the Commission and law enforcement authorities, of those individuals who are exempt from Massachusetts criminal and civil penalties under M.G.L. c. 94I, and 935 CMR 501.000.

RMD Agent means a board member, director, employee, executive, manager, or volunteer of an RMD, who is 21 years of age or older. Employee includes a consultant or contractor who provides on-site services to an RMD related to the cultivation, harvesting, preparation, packaging, storage, testing, or dispensing of marijuana for medical purposes.

501.003: continued

Seed-to-sale Electronic Tracking System means a system designated by the Commission as the system of record (Seed-to-sale SOR) or a secondary electronic tracking system used by an RMD or an Independent Testing Laboratory. This system shall capture everything that happens to an individual marijuana plant, from seed and cultivation, through growth, harvest and manufacture of MIPs, including transportation, if any, to final sale of finished products. This system shall utilize a unique-plant identification and unique-batch identification. It shall also be able to track agents' and registrants' involvement with the marijuana product. Any secondary system used by the RMD or Independent Testing Laboratory must integrate with the Seed-to-sale SOR in a form and manner determined by the Commission.

Seed-to-sale System of Record (Seed-to-sale SOR) means the electronic tracking system designated and required by the Commission to perform a process.

Temporary Patient Registration means an interim registration document for patients and their personal caregivers generated automatically upon the Commission's receipt of a healthcare professional's electronic certification. The temporary registration document shall constitute a registration card for patients and their personal caregivers to access an RMD or medical marijuana treatment center. Temporary registration shall expire 14 days after the Commission issues the registration card.

Usable Marijuana means the fresh or dried leaves and flowers of the female marijuana plant and any mixture or preparation thereof, including MIPs, but does not include the seedlings, seeds, stalks, roots of the plant, or marijuana rendered unusable in accordance with 935 CMR 501.105(10)(c)3.

Vegetation means the sporophytic state of the marijuana plant, which is a form of asexual reproduction in plants during which plants do not produce resin or flowers and are bulking up to a desired production size for flowering.

Verified Financial Hardship means that an individual is a recipient of MassHealth, or Supplemental Security Income, or the individual's income does not exceed 300% of the federal poverty level, adjusted for family size.

Visitor means an individual, other than an RMD agent, authorized by the RMD to be on the premises of an RMD for a purpose related to RMD operations and consistent with the objectives of M.G.L. c. 94I, and 935 CMR 501.000.

Visitor Identification Badge means a badge issued by an RMD or the Commission to be used at all times while on the premises of an RMD or Independent Testing Laboratory. These identification badges must be issued in a form and manner determined by the Commission.

Written Certification means a form submitted to the Department or Commission by a Massachusetts licensed certifying healthcare provider describing the qualifying patient's pertinent symptoms, specifying the patient's debilitating medical condition, and stating that in the physician's professional opinion the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient.

14-day Supply means that amount of marijuana, or equivalent amount of marijuana in MIPs, that a registered qualifying patient would reasonably be expected to need over a period of 14 calendar

days for his or her personal medical use, which is 2.5 ounces, subject to 935 CMR 501.010(9).

60-day Supply means that amount of marijuana, or equivalent amount of marijuana in MIPs, that a registered qualifying patient would reasonably be expected to need over a period of 60 calendar days for his or her personal medical use, which is ten ounces, subject to 935 CMR 501.010(9).

501.004: Medical-use Fees

Each qualifying patient is subject to the following nonrefundable fees. If the fee poses a verified financial hardship, the qualifying patient may request a waiver of the fee in a form and manner determined by the Commission.

501.004: continued

Patients	Fee
Patient Registration, Annual	$50
Medical-use ID Card Replacement	$10
Medical-use Hardship Cultivation	$100

Each of the entities identified below is subject to the following nonrefundable fees.

Registered Marijuana Dispensaries (RMD):

RMD Agent Registration, Annual	$500
Medical-use Application of Intent (Phase 1)	$1,500
Medical-use Management and Operations Profile Application (Phase 2)	$30,000
RMD Registration, Annual (and Renewal of Registration)	$50,000

Independent Testing Laboratories:

Medical-use Application of Intent (Phase 1)	None
Medical-use Management and Operations Profile Application (Phase 2)	None
RMD Registration, Annual (and Renewal of registration)	None
Registration of Medical-use Independent Testing Laboratory Agents	None

Caregiving and Caregiving Institutions:

Registration of Caregiving Institutions	None
Registration of Institutional Caregivers	None

Other Operation Fees:

Location change	$10,000
Name change	$100
Construction or renovation modification	TBD
Architectural review	$8.25 per $100 cost of construction costs, with a minimum of $1,500

These fees do not include the costs associated with the Seed-to-sale electronic tracking system, which includes a monthly program fee and fees for plant and package tags.

These fees do not include the costs associated with criminal background checks as required under 935 CMR 501.000.

These fees do not include the costs associated with packaging and label approval.

501.005: Registration of Certifying Physicians

(1) A physician who wishes to issue a written certification for a qualifying patient shall have at least one established place of practice in Massachusetts and shall hold:

(a) An active full license, with no prescribing restriction, to practice medicine in Massachusetts; and

(b) A Massachusetts Controlled Substances Registration from the Department.

(2) To register as a certifying physician, a physician shall submit, in a form and manner determined by the Commission, the physician's:

(a) Full name and business address;

(b) License number issued by the Massachusetts Board of Registration in Medicine;

501.005: continued

(c) Massachusetts Controlled Substances Registration number; and
(d) Any other information required by the Commission.

(3) Once registered by the Department or Commission, a certifying physician will retain indefinitely a registration to certify a debilitating medical condition for a qualifying patient unless:
(a) The physician's license to practice medicine in Massachusetts is suspended, revoked, or restricted with regard to prescribing, or the physician has voluntarily agreed not to practice medicine in Massachusetts;
(b) The physician's Massachusetts Controlled Substances Registration is suspended or revoked;
(c) The physician has fraudulently issued a written certification of a debilitating medical condition;
(d) The physician has certified a qualifying patient for a debilitating medical condition on or after July 1, 2014, without appropriate completion of continuing professional development credits pursuant to 935 CMR 501.010(1); or
(e) The physician surrenders his or her registration.

(4) After registering, a certifying physician is responsible for notifying the Commission, in a form and manner determined by the Commission, within five business days after any changes to the physician's information.

501.006: Registration of Certifying Certified Nurse Practitioners

(1) A certifying CNP who wishes to issue a written certification for a qualifying patient shall have at least one established place of practice in Massachusetts and shall hold:
(a) An active full license, with no prescribing restriction, to practice nursing in Massachusetts;
(b) A board authorization by the Massachusetts Board of Registration in Nursing to practice as a CNP; and
(c) A Massachusetts Controlled Substances Registration from the Department or Commission.

(2) To register as a certifying CNP, a CNP shall submit, in a form and manner determined by the Commission, the certifying CNP's:
(a) Full name and business address;
(b) License number issued by the Massachusetts Board of Registration in Nursing;
(c) Board Authorization by the Massachusetts Board of Registration in Nursing;
(d) Massachusetts Controlled Substances Registration number;
(e) An attestation by the supervising physician for the CNP that the CNP is certifying patients for medical use of marijuana pursuant to the mutually agreed upon guidelines between the CNP and physician supervising the CNP's prescriptive practice; and
(f) Any other information required by the Commission.

(3) Once registered by the Department or Commission, a certifying CNP will retain indefinitely a registration to certify a debilitating medical condition for a qualifying patient unless:
(a) The CNP's license to practice nursing in Massachusetts is suspended, revoked, or restricted with regard to prescribing, or the CNP has voluntarily agreed not to practice nursing in Massachusetts;

(b) The CNP's Board Authorization to practice as an advanced practice nurse in Massachusetts is suspended, revoked or restricted with regard to prescribing;
(c) The CNP's Massachusetts Controlled Substances Registration is suspended or revoked;
(d) The CNP has fraudulently issued a written certification of a debilitating medical condition;
(e) The CNP has certified a qualifying patient for a debilitating medical condition without appropriate completion of continuing professional development credits pursuant to 935 CMR 501.010(1); or
(f) The CNP surrenders his or her registration.

501.006: continued

(4) After registering, a certifying CNP is responsible for notifying the Commission, in a form and manner determined by the Commission, within five business days after any changes to the CNP's information including, but not limited to, changes to his or her supervising physician.

501.007: Registration of Certifying Physician Assistants

(1) A certifying physician assistant who wishes to issue a written certification for a qualifying patient shall have at least one established place of practice in Massachusetts and shall hold:

(a) An active full license, with no prescribing restriction, to practice as a physician assistant in Massachusetts;

(b) A board authorization by the Massachusetts Board of Registration of Physician Assistants to practice as a physician assistant; and

(c) A Massachusetts Controlled Substances Registration from the Department.

(2) To register as a certifying physician assistant, a physician assistant shall submit, in a form and manner determined by the Commission, the certifying physician assistant's:

(a) Full name and business address;

(b) License number issued by the Massachusetts Board of Registration of Physician Assistants;

(c) Board Authorization by the Massachusetts Board of Registration of Physician Assistants;

(d) Massachusetts Controlled Substances Registration number;

(e) An attestation by the supervising physician for the physician assistant that the physician assistant is certifying patients for medical use of marijuana pursuant to the mutually agreed upon guidelines between the physician assistant and physician supervising the physician assistant's prescriptive practice; and

(d) Any other information required by the Commission.

(3) Once registered by the Commission, a certifying physician assistant will retain indefinitely a registration to certify a debilitating medical condition for a qualifying patient unless:

(a) The physician assistant's license to practice as a physician assistant in Massachusetts is suspended, revoked, or restricted with regard to prescribing, or the physician assistant has voluntarily agreed not to practice medicine in Massachusetts;

(b) The physician assistant's Board Authorization to practice as a physician assistant in Massachusetts is suspended, revoked or restricted with regard to prescribing;

(c) The physician assistant's Massachusetts Controlled Substances Registration is suspended or revoked;

(d) The physician assistant has fraudulently issued a written certification of a debilitating medical condition;

(e) The physician assistant has certified a qualifying patient for a debilitating medical condition on or after the effective date of the transfer of the program, without appropriate completion of continuing professional development credits pursuant to 935 CMR 501.010(1); or

(f) The physician assistant surrenders his or her registration.

(4) After registering, a certifying physician assistant is responsible for notifying the Commission, in a form and manner determined by the Commission, within five business days after any changes to the physician assistant's information including, but not limited to, changes to his or her supervising physician.

501.010: Written Certification of a Debilitating Medical Condition for a Qualifying Patient

(1) A certifying physician issuing a written certification on or after July 1, 2014, must have completed a minimum of 2.0 Category 1 continuing professional development credits as defined in 243 CMR 2.06(6)(a)1: *Category 1*. A certifying CNP issuing a written certification on or after July 1, 2014, must have completed a minimum of one program meeting the requirements of 244 CMR 5.00: *Continuing Education* and 244 CMR 6.00: *Approval of Nursing Education Programs and the General Conduct Thereof*. A certifying physician assistant issuing a written certification must have completed a minimum of one program meeting the requirements of 263 CMR 3.05(3). Such programs must explain the proper use of marijuana, including side effects, dosage, and contraindications, including with psychotropic drugs, as well as on substance abuse recognition, diagnosis, and treatment related to marijuana.

501.010: continued

(2) A certifying physician issuing a written certification shall comply with generally accepted standards of medical practice, including regulations of the Board of Registration in Medicine at 243 CMR 1.00 through 3.00. A certifying CNP issuing a written certification shall comply with generally accepted standards of nursing practice, including the regulations of the Board of Registration in Nursing at 244 CMR 9.00: *Standards of Conduct for Nurses*. A certifying physician assistant issuing a written certification shall comply with generally accepted standards of practice for physician assistants, including regulations of the Board of Registration of Physician Assistants at 263 CMR 5.09: *Standards of Conduct for Physician Assistants*.

(3) A certifying healthcare provider may not delegate to any other healthcare professional or any other person, authority to diagnose a patient as having a debilitating medical condition.

(4) A certifying healthcare provider may issue a written certification only for a qualifying patient with whom the healthcare provider has a *bona fide* healthcare provider-patient relationship.

(5) Before issuing a written certification, a certifying healthcare provider must utilize the Massachusetts Prescription Monitoring Program, unless otherwise specified by the Commission, to review the qualifying patient's prescription history.

(6) A patient who has had a diagnosis of a debilitating medical condition in the past but does not have an active condition, unless the symptoms related to such condition are mitigated by marijuana for medical use and is not undergoing treatment for such condition, is not suffering from a debilitating medical condition for which the medical use of marijuana is authorized.

(7) An initial written certification submitted before a clinical visit is prohibited. A renewal written certification may be submitted after a clinical visit or a telephonic consultation, however a clinical visit must occur no less than once per year.

(8) A certification must indicate the time period for which the certification is valid, and shall not be less than 15 calendar days or longer than one year.

(9) A certifying healthcare provider may determine and certify that a qualifying patient requires an amount of marijuana other than 2.5 ounces as a 14-day supply or ten ounces as a 60-day supply and shall document the amount and the rationale in the medical record and in the written certification. For that qualifying patient, that amount of marijuana constitutes a 14-day supply or 60-day supply.

(10) A qualifying patient who is younger than 18 years old and has been diagnosed by two Massachusetts licensed certifying physicians, at least one of whom is a board-certified pediatrician or a board-certified pediatric subspecialist, with a debilitating life-limiting illness, may receive a written certification, provided however that the physicians may certify a qualifying patient who is younger than 18 years old who has a debilitating medical condition that is not a life-limiting illness if those physicians determine that the benefits of the medical use of marijuana outweigh the risks. This must include a discussion of the potential negative impacts on neurological development with the parent or legal guardian of the qualifying patient, written consent of the parent or legal guardian, and documentation of the rationale in the medical record and the written certification.

(11) A certifying healthcare provider, and such healthcare provider's co-worker, employee, or immediate family member, shall not:

(a) Have ever directly or indirectly accepted or solicited from, or offered to an RMD, a board member or executive of an RMD, any RMD personnel, or any other individual associated with an RMD, or a personal caregiver, anything of value;

(b) Offer a discount or any other thing of value to a qualifying patient based on the patient's agreement or decision to use a particular personal caregiver or RMD;

(c) Examine or counsel a patient, or issue a written certification, at an RMD;

(d) Have a direct or indirect financial interest in an RMD; or

(e) Directly or indirectly benefit from a patient obtaining a written certification, which shall not prohibit the healthcare provider from charging an appropriate fee for the clinical visit.

501.010: continued

(12) A certifying healthcare provider shall not issue a written certification for himself or herself or for his or her immediate family members.

(13) A certifying healthcare provider issuing a written certification for his or her employees or co-workers shall do so in accordance with 935 CMR 501.010, including conducting a clinical visit, completing and documenting a full assessment of the patient's medical history and current medical condition, explaining the potential benefits and risks of marijuana use, and maintaining a role in the ongoing care and treatment of the patient.

(14) The Commission will accept written certifications validly issued prior to the Program Transfer for a year after the transfer. Thereafter, a written certification shall be issued in a form and manner determined by the Commission.

501.015: Temporary and Annual Registration of Qualifying Patients

(1) To obtain a temporary or an annual registration card, a qualifying patient must first obtain electronic or written certification(s) from the qualifying patient's certifying healthcare provider(s).

(2) By or before April 1, 2019, a qualifying patient or personal caregiver shall obtain a temporary registration from the patient's certifying healthcare provider(s) in a form and a manner determined by the Commission, which will include, but not be limited to, the following:

(a) To generate a temporary registration card, a certifying healthcare provider shall obtain and submit the information required by the Commission as part of the temporary electronic certification process and obtain electronic verification that the information has been received;

(b) At a minimum, a certifying healthcare provider shall submit the information required in 935 CMR 501.015(3)(a) through (d) and (f);

(c) On receipt of the verification, the provider shall generate a temporary patient registration card for patients;

(d) The temporary registration card shall constitute a registration card for patients for the purposes of purchasing medical-use marijuana and MIPs;

(e) A temporary registration card shall expire either 14 days after the issuance of the temporary registration card or on the issuance and receipt of an annual registration card, whichever occurs first;

(f) A patient is limited to one 14-day temporary registration during any 365-day period, unless otherwise approved by the Commission;

(g) No more than 2.5 ounces of marijuana may be dispensed to a qualifying patient with a 14-day temporary registration except a certifying healthcare provider may determine and certify that a qualifying patient requires an amount of marijuana other than 2.5 ounces as a 14-day supply and shall document the amount and the rationale in the medical record and in the written certification; and

(h) To obtain an annual registration card, a qualifying patient must comply with 935 CMR 501.015(3).

(3) To obtain an annual registration card, a qualifying patient shall submit or verify, in a form and manner determined by the Commission, the following information:

(a) The qualifying patient's full name, date of birth, address, telephone number, and email address if any, and a statement indicating his or her age and that his or her primary residence is in Massachusetts:

1. If the qualifying patient is younger than 18 years old, an attestation from a parent or legal guardian granting permission for the child to register with the Commission; and
2. If the qualifying patient is younger than 18 years old, that qualifying patient must have a designated personal caregiver, who shall be his or her parent or legal guardian.

(b) Electronic or written certification(s) for the qualifying patient from the qualifying patient's certifying healthcare provider(s);

(c) Full name, address, and telephone number of the qualifying patient's certifying healthcare provider(s);

(d) Full name, date of birth, and address of the qualifying patient's personal caregiver(s), if any;

501.015: continued

(e) A statement of whether the qualifying patient will be applying for a hardship cultivation registration;
(f) A copy of the qualifying patient's Massachusetts driver's license, government issued identification card, or other verifiable identity document acceptable to the Commission, except in the case of a qualifying patient younger than 18 years old who does not have to comply with such requirement;
(g) A Nonrefundable Registration Fee. If the fee poses a verified financial hardship, the qualifying patient may request a waiver of the fee in a form and manner determined by the Commission;
(h) Written acknowledgement of the limitations on his or her authorization to cultivate, possess, and use marijuana for medical purposes in the Commonwealth;
(i) An attestation that the registered qualifying patient shall not engage in the diversion of marijuana and that the patient understands that protections conferred by M.G.L. c. 94I, for possession of marijuana for medical use are applicable only within Massachusetts; and
(j) Any other information required by the Commission.

(4) An annual registration card will be valid for one year from the date of issue of the temporary registration card unless otherwise specified by the Commission, and may be renewed, in a form and manner determined by the Commission which includes, but is not limited to, meeting the requirements in 935 CMR 501.015(2) and (3). The Commission will accept registration cards validly issued prior to the Program Transfer. This registration card will remain valid until its one year anniversary date or until a new registration card is issued by the Commission, whichever occurs first. On the issuance of a new registration card, the holder of the registration card shall destroy any previously issued registration card(s) in a responsible manner that would prevent it from being used as a registration or identification card.

(5) A qualifying patient who has not received written certification from a physician or a registration card from the Department prior to December 23, 2018, must apply for a temporary or annual registration according to the procedures set out in 935 CMR 501.015, unless otherwise provided by the Commission.

(6) After obtaining a registration card, a qualifying patient is responsible for notifying the Commission, in a form and manner determined by the Commission, within five business days after any change to the information that he or she was previously required to submit to the Commission, or after he or she discovers that his or her registration card has been lost or stolen.

(7) A registered qualifying patient must carry his or her registration card at all times while in possession of medical use marijuana or MIPs.

501.020: Registration of Personal Caregivers

(1) To obtain an annual registration card for a personal caregiver, a registered qualifying patient shall submit, in a form and manner determined by the Commission, the following:
(a) The personal caregiver's full name, date of birth, address, telephone number, and email address if any, and a statement that the individual is 21 years of age or older;
(b) Full name, date of birth, and address of the registered qualifying patient for whom the personal caregiver will be providing assistance with the use of marijuana for medical purposes;
(c) A copy of the personal caregiver's driver's license, government-issued identification

card, or other verifiable identity document acceptable to the Commission;
(d) A statement of whether the caregiver will be cultivating marijuana for the patient, and at what address, if the patient is granted a hardship cultivation registration;
(e) Written acknowledgment by the personal caregiver of the limitations on his or her authorization to cultivate, possess, and dispense to his or her registered qualifying patient, marijuana for medical purposes in the Commonwealth;
(f) An attestation by the personal caregiver that he or she shall not engage in the diversion of marijuana and that he or she understands that protections conferred by M.G.L. c. 94I, for possession of marijuana for medical use are applicable only within Massachusetts; and
(g) Any other information required by the Commission.

501.020: continued

(2) An individual must be granted a temporary or an annual registration card by the Commission prior to serving as a personal caregiver for any registered qualifying patient. By or before April 1, 2019, a personal caregiver shall obtain a temporary registration card in a form and a manner determined by the Commission.

(3) An annual registration card will be valid for one year from the date of issue of the temporary registration card unless otherwise specified by the Commission, and may be renewed, in a form and manner determined by the Commission, which includes, but is not limited to, meeting the requirements in 935 CMR 501.020(1) and (2).

The Commission will accept registration cards validly issued prior to the Program Transfer. This registration card will remain valid until its one year anniversary date or until a new registration card is issued by the Commission, whichever occurs first. On the issuance of a new registration card, the holder of the registration card shall destroy any previously issued registration card(s) in a responsible manner that would prevent it from being used as a registration or identification card.

(4) A personal caregiver who has not received a registration card from the Department prior to December 23, 2018, must apply for a temporary or annual registration card according to the procedures set out in 935 CMR 501.020, unless otherwise provided by the Commission.

(5) Except in the case of a visiting nurse, home health aide, personal care attendant, or immediate family member of more than one registered qualifying patient, an individual may not serve as a personal caregiver for more than one registered qualifying patient at one time.

(6) A registered qualifying patient may designate up to two personal caregivers. If the registered qualifying patient has been granted a hardship cultivation registration, the personal caregiver(s) may cultivate marijuana on behalf of the registered qualifying patient at only one location. Cultivation pursuant to a hardship cultivation registration by a personal caregiver constitutes consent for such inspection of the cultivation site.

(7) A registered qualifying patient may add a second caregiver or change personal caregiver(s) by providing notification in a form and manner determined by the Commission, and providing the information required in 935 CMR 501.020(1) for registration of personal caregivers.

(8) After obtaining a registration card, the personal caregiver is responsible for notifying the Commission, in a form and manner determined by the Commission, within five business days after any change to the information that his or her registered qualifying patient was previously required to submit to the Commission, or after the personal caregiver discovers that his or her registration card has been lost or stolen.

(9) A personal caregiver must carry his or her registration card at all times while in possession of marijuana.

501.021: Registration of Caregiving Institutions

(1) Prior to facilitating the medical use of marijuana to a registered qualifying marijuana patient, a hospice program, long-term care facility, or hospital shall obtain a certificate of registration as a caregiving institution. To obtain a certificate of registration as a caregiving institution, the institution shall submit, in a form and manner determined by the Commission, the following:

(a) The name, address, telephone number of the institution, as well as telephone number and email address for the primary contact for that caregiving institution;
(b) A copy of the caregiving institution's current facility licensure or certification from the Commonwealth of Massachusetts;
(c) Written acknowledgement by the authorized signatory of the caregiving institution of the limitations on the institution's authorization to cultivate, possess, and dispense to registered qualifying patients, marijuana for medical purposes in the Commonwealth;
(d) A nonrefundable registration fee, as required by the Commission;

501.021: continued

(e) An attestation by the authorized signatory of the caregiving institution that employees of the caregiving institution shall not engage in the diversion of marijuana and that he or she understands that protections conferred by M.G.L. c. 94I, for possession of marijuana for medical use are applicable only within Massachusetts; and
(f) Any other information required by the Commission.

(2) A caregiving institution must be granted a certificate of registration by the Commission prior to serving as a caregiving institution for any registered qualifying patient. The Commission will accept certificates of registration validly issued prior to the Program Transfer. This certificate will remain valid until a new certificate is issued by the Commission. On the issuance of a new certificate, the holder of the certificate shall destroy any previously issued certificate in a responsible manner that would prevent it from being used as a certificate.

(3) An employee of the caregiving institution may serve as a caregiver for more than one registered qualifying patient at one time.

(4) An employee of the caregiving institution may not cultivate marijuana for a registered qualifying patient under the care of the caregiving institution.

(5) A caregiving institution must maintain records on all marijuana received by the institution on behalf of a registered qualifying patient and the administration of such marijuana to the registered qualifying patient, and such records should be produced to the Commission upon request as permitted by law.

(6) A certificate of registration for a caregiving institution will remain valid unless and until the caregiving institution's current facility licensure or certification from the Commonwealth of Massachusetts is no longer active, or is suspended, revoked, or restricted.

501.022: Registration of Institutional Caregivers

(1) A caregiving institution shall apply for an institutional caregiver registration for all employees that will be facilitating a registered qualifying patient's use of marijuana for medical purposes. All such individuals must be 21 years of age or older.

(2) A caregiving institution seeking registration of an institutional caregiver shall file an application, in a form and manner determined by the Commission, which shall include:
(a) The full name, date of birth, and address of the individual;
(b) Written acknowledgment by the individual of the limitations on his or her authorization to possess, transport, and facilitate the use of marijuana for medical purposes in the Commonwealth;
(c) Written acknowledgment by the individual of the prohibition against cultivation in his or her role as an institutional caregiver;
(d) A copy of the institutional caregiver's driver's license, government-issued identification card, or other verifiable identity document acceptable to the Commission;
(e) An attestation that the individual shall not engage in the diversion of marijuana;
(f) A nonrefundable application fee, as required by the Commission; and
(g) Any other information required by the Commission.

(3) A caregiving institution must notify the Commission no more than one business day after an institutional caregiver ceases to be associated with the caregiving institution. The institutional

caregiver's registration shall be immediately void when he or she is no longer associated with the caregiving institution.

(4) A registration card will be valid for one year from the date of issue, and may be renewed, in a form and manner determined by the Commission, on an annual basis by meeting the requirements in 935 CMR 501.022(1) and (2). The Commission will accept registration cards validly issued prior to the Program Transfer. This registration card will remain valid until its one-year anniversary date or until a new registration card is issued by the Commission, whichever occurs first. On the issuance of a new registration card, the holder of the registration card shall destroy any previously issued registration card(s) in a responsible manner that would prevent it from being used as a registration or identification card.

501.022: continued

(5) An institutional caregiver who has not received a registration card from the Department prior to December 23, 2018, must apply for registration according to the procedures set out in 935 CMR 501.022, unless otherwise provided by the Commission.

(6) After obtaining a registration card for an institutional caregiver, a caregiving institution is responsible for notifying the Commission, in a form and manner determined by the Commission, as soon as possible, but in any event, within five business days after any changes to the information that the caregiving institution was previously required to submit to the Commission, or after discovery that a registration card has been lost or stolen.

(7) An institutional caregiver must carry his or her registration card at all times while in possession of marijuana.

(8) An institutional caregiver affiliated with multiple caregiving institutions must be registered as an institutional caregiver by each caregiving institution.

501.025: Responsibilities of Caregivers

(1) Personal Caregivers.

(a) A personal caregiver may:

1. Transport a registered qualifying patient to and from an RMD;
2. Obtain and transport marijuana from an RMD on behalf of a registered qualifying patient;
3. Cultivate marijuana on behalf of a registered qualifying patient who has obtained a hardship cultivation registration unless the personal caregiver is a visiting nurse, personal care attendant, or home health aide serving as a personal caregiver;
4. Prepare marijuana for consumption by a registered qualifying patient; and
5. Administer marijuana to a registered qualifying patient.

(b) A personal caregiver may not:

1. Consume, by any means, marijuana that has been dispensed to or cultivated on behalf of a registered qualifying patient;
2. Sell or otherwise divert marijuana that has been dispensed to or cultivated on behalf of a registered qualifying patient;
3. Cultivate marijuana for the personal caregiver's own use, unless the personal caregiver is also a registered qualifying patient who has obtained a hardship cultivation registration;
4. Cultivate marijuana for purposes of selling or providing marijuana to anyone other than the registered qualifying patient;
5. Allow a registered qualifying patient who is younger than 18 years old to possess marijuana at any time when not in the presence of the personal caregiver;
6. Cultivate marijuana for registered qualifying patient if the personal caregiver is a visiting nurse, personal care attendant, or home health aide serving as a personal caregiver; or
7. Receive payment or other compensation for services rendered as a personal caregiver other than reimbursement for reasonable expenses incurred in the provision of services as a caregiver, provided however that a caregiver's time is not considered a reasonable expense. In the case of a visiting nurse, personal care attendant, or home health aide serving as a personal caregiver, such individual may not receive payment or compensation above and beyond his or her regular wages.

(c) A personal caregiver must notify the Commission within five calendar days upon the death of a personal caregiver's registered qualifying patient.

501.025: continued

(2) Institutional Caregivers.

(a) An institutional caregiver may:

1. Receive marijuana delivered to the caregiving institution for a registered qualifying patient;

2. Prepare marijuana for consumption by a registered qualifying patient; and

3. Administer marijuana to a registered qualifying patient or facilitate consumption of marijuana for medical use by the qualifying patient.

(b) An institutional caregiver may not:

1. Consume, by any means, marijuana that has been dispensed to or cultivated on behalf of a registered qualifying patient;

2. Sell, provide, or otherwise divert marijuana that has been dispensed to or cultivated on behalf of a registered qualifying patient;

3. Cultivate marijuana for a registered qualifying patient;

4. Allow a registered qualifying patient who is younger than 18 years old to possess marijuana at any time when not in the presence of a caregiver; or

5. Receive payment or compensation above and beyond his or her regular wages.

(c) An institutional caregiver must notify his or her employing caregiving institution of any changes in his or her registration information within 24 hours of the change.

501.030: Registration of RMD agents

(1) An RMD shall apply for RMD agent registration for all board members, directors, employees, executives, managers, and volunteers who are associated with that RMD. All such individuals must:

(a) Be 21 years of age or older; and

(b) Have not been convicted of a felony drug offense in the Commonwealth, or a like violation of the laws of another state, the United States or a military, territorial, or Indian tribal authority.

(2) An application for registration of an RMD agent, in a form and manner determined by the Commission, shall include:

(a) The full name, date of birth, and address of the individual;

(b) Written acknowledgment by the individual of the limitations on his or her authorization to cultivate, harvest, prepare, package, possess, transport, and dispense marijuana for medical purposes in the Commonwealth;

(c) A copy of the RMD agent's driver's license, government-issued identification card, or other verifiable identity document acceptable to the Commission;

(d) An attestation that the individual shall not engage in the diversion of marijuana;

(e) A nonrefundable application fee; and

(f) Any other information required by the Commission.

(3) An RMD executive registered with the Department of Criminal Justice Information Systems (DCJIS) pursuant to 935 CMR 501.100(1)(g) must submit to the Commission a Criminal Offender Record Information (CORI) report and any other background check information required by the Commission for each individual for whom the RMD seeks an RMD agent registration, obtained within 30 calendar days prior to submission.

(4) An RMD must notify the Commission no more than one business day after an RMD agent ceases to be associated with the RMD. The RMD agent's registration shall be immediately void

when he or she is no longer associated with the RMD.

(5) A registration card will be valid for one year from the date of issue. The Commission will accept registration cards validly issued prior to the Program Transfer. A registration card will remain valid until its one year anniversary date or until a new registration card is issued by the Commission, whichever occurs first. On the issuance of a new registration card, the holder of the registration card shall destroy any previously issued registration card(s) in a responsible manner that would prevent it from being used as a registration or identification card.

501.030: continued

(6) A registration card may be renewed, in a form and manner determined by the Commission, on an annual basis, which includes, but is not limited to, meeting the requirements in 935 CMR 501.030(1) through (3).

(7) After obtaining a registration card for an RMD agent, an RMD is responsible for notifying the Commission, in a form and manner determined by the Commission, as soon as possible, but in any event, within five business days after any changes to the information that the RMD was previously required to submit to the Commission, or after discovery that a registration card has been lost or stolen.

(8) An RMD agent must carry his or her registration card at all times while in possession of marijuana, including at all times while at an RMD or while transporting marijuana.

(9) An RMD agent affiliated with multiple RMDs must be registered as an RMD agent by each RMD.

501.031: Registration of Independent Testing Laboratories

(1) To obtain a certificate of registration as an independent testing laboratory, the institution shall submit, in a form and manner determined by the Commission, the following:

(a) The name of the institution, address, telephone number, as well as telephone number and email address for the primary contact for that independent testing laboratory;

(b) Documentation that it meets the requirements of an independent testing laboratory pursuant to 935 CMR 501.000;

(c) Written acknowledgement by the authorized signatory of the independent testing laboratory of the limitations on the institution's authorization to possess and transport marijuana for medical purposes in the Commonwealth;

(d) A nonrefundable registration fee, as required by the Commission;

(e) An attestation by the authorized signatory of the independent testing laboratory that employees of the laboratory shall not engage in the diversion of marijuana and that he or she understands that protections conferred by M.G.L. c. 94I, for possession of marijuana for medical use are applicable only within Massachusetts; and

(f) Any other information required by the Commission.

(2) A laboratory must be granted a certificate of registration by the Commission prior to serving as an independent testing laboratory for an RMD. The Commission will accept certificates validly issued prior to the Program Transfer. A certificate will remain valid until a new certificate is issued by the Commission. On the issuance of a new certificate, the holder of the certificate shall destroy any previously issued certificate in a responsible manner that would prevent it from being used as a certificate.

(3) An independent testing laboratory may not cultivate marijuana.

(4) An independent testing laboratory may not possess, transport or process marijuana other than that necessary for the purposes of testing in compliance with 935 CMR 501.000.

501.032: Registration of Independent Testing Laboratory Agents

(1) An independent testing laboratory providing testing services for an RMD in compliance

with 935 CMR 501.000, shall apply for laboratory agent registration for any of its employees, consultants or volunteers that will be in possession of marijuana for medical use on behalf the independent testing laboratory.

(2) An application for registration of a laboratory agent, in a form and manner determined by the Commission, shall include:

(a) The full name, date of birth, and address of the individual;

(b) Written acknowledgment by the individual of the limitations on his or her authorization possess, transport, and process marijuana for medical use for testing purposes in the Commonwealth;

501.032: continued

(c) A copy of the RMD agent's driver's license, government-issued identification card, or other verifiable identity document acceptable to the Commission;
(d) An attestation that the individual shall not engage in the diversion of marijuana;
(e) A nonrefundable application fee, as required by the Commission; and
(f) Any other information required by the Commission.

(3) A laboratory executive registered with the DCJIS pursuant to 935 CMR 501.100(1)(g) must retain and make available to the Commission a Criminal Offender Record Information (CORI) report and any other background check information required by the Commission for each individual for whom the laboratory seeks an RMD agent registration, obtained within 30 calendar days prior to submission.

(4) A laboratory must notify the Commission no more than one business day after a laboratory agent ceases to be associated with the laboratory. The laboratory agent's registration shall be immediately void when he or she is no longer associated with the laboratory.

(5) A registration card will be valid for one year from the date of issue. The Commission will accept registration cards validly issued prior to the Program Transfer. A registration card will remain valid until its one year anniversary date or until a new registration card is issued by the Commission, whichever occurs first. On the issuance of a new registration card, the holder of the registration card shall be destroyed any previously issued registration card(s) in a responsible manner that would prevent it from being used as a registration or identification card.

(6) A registration card may be renewed, in a form and manner determined by the Commission, on an annual basis which includes, but it not limited to, meeting the requirements in 935 CMR 501.030(1) through (3).

(7) After obtaining a registration card for a laboratory agent, a laboratory is responsible for notifying the Commission, in a form and manner determined by the Commission, as soon as possible, but in any event, within five business days after any changes to the information that the laboratory was previously required to submit to the Commission, or after discovery that a registration card has been lost or stolen.

(8) A laboratory agent must carry his or her registration card at all times while in possession of marijuana, including at all times while at a laboratory or while transporting marijuana.

501.035: Hardship Cultivation Registration

(1) A qualifying patient registered with the Commission pursuant 935 CMR 501.015 may apply for a hardship cultivation registration if such patient can demonstrate that his or her access to an RMD is limited by:
(a) Verified financial hardship;
(b) Physical incapacity to access reasonable transportation, as demonstrated by an inability to use public transportation or drive oneself, lack of a personal caregiver with a reliable source of transportation, and lack of an RMD that will deliver marijuana to the patient's or personal caregiver's primary address; or
(c) Lack of an RMD within a reasonable distance of the patient's residence and lack of an RMD that will deliver marijuana to the patient's or personal caregiver's primary address.

(2) To obtain a hardship cultivation registration, a registered qualifying patient shall, in a form and manner determined by the Commission, submit the following:

(a) A nonrefundable registration fee, unless waived pursuant to 935 CMR 501.015(1)(g);

(b) Information supporting a claim that access is limited due to one or more of the circumstances listed in 935 CMR 501.035(1);

(c) An explanation including lack of feasible alternatives to mitigate the limitation claimed under 935 CMR 501.035(1);

(d) A description and address of the single location that shall be used for the cultivation of marijuana, which shall be either the registered qualifying patient's or one personal caregiver's primary residence;

501.035: continued

(e) A written explanation of how the registered qualifying patient will cultivate marijuana in accordance with the requirements of 935 CMR 501.035;
(f) A description of the device or system that will be used to ensure security and prevent diversion of the marijuana plants being cultivated;
(g) Written acknowledgment of the limitations on his or her authorization to cultivate, possess, and use marijuana for medical purposes in the Commonwealth; and
(h) Any other information required by the Commission.

(3) The Commission shall review and approve or deny an application for a hardship cultivation registration within 30 calendar days of receipt of a completed application.

(4) A registered qualifying patient with a hardship cultivation registration, or his or her personal caregiver(s), may cultivate only at the location specified in the application approved by the Commission.

(5) At any given location, cultivation may occur pursuant to only one hardship cultivation registration, absent proof that more than one registered qualifying patient resides at the location.

(6) A hardship cultivation registration will be valid for one year from the date of issue. The Commission will accept certificates of registration validly issued prior to the Program Transfer. A certificate will remain valid until a new certificate is issued by the Commission. On the issuance of a new certificate, the holder of the certificate shall destroy any previously issued certificate in a responsible manner that would prevent it from being used as a certificate.

(7) A hardship cultivation registration may be renewed, in a form and manner determined by the Commission, on an annual basis which includes, but is not limited to, meeting the requirements in 935 CMR 501.035(2).

(8) A hardship cultivation registration shall allow the registered qualifying patient or his or her personal caregiver(s) to cultivate a limited number of plants sufficient to maintain a 60-day supply of marijuana solely for that patient's use, or as further specified by the Commission.

(9) Cultivation and storage of marijuana shall be in an enclosed, locked area accessible only to the registered qualifying patient or his or her personal caregiver(s), subject to 935 CMR 501.650. Marijuana shall not be visible from the street or other public areas.

(10) A registered qualifying patient or his or her personal caregiver(s) cultivating marijuana pursuant to a hardship cultivation registration shall adhere to industry best practices in the cultivation of marijuana plants and storage of finished product, and any standards specified by the Commission.

(11) A registered qualifying patient and his or her personal caregiver(s) is prohibited from selling, bartering, giving away or distributing in any manner marijuana or paraphernalia.

(12) The Commission may inspect the cultivation site of a registered qualifying patient with a hardship cultivation registration, or the cultivation site of his or her personal caregiver(s), at a reasonable time taking into consideration the circumstances of the registered qualifying patient. Acceptance of a hardship cultivation registration by a registered qualifying patient constitutes consent for such inspection of the cultivation site.

(13) Registration for hardship cultivation may be available in a form and manner determined by the Commission. If prior to the transfer, a registered qualifying patient who received written certification of a debilitating medical condition from a physician and used that written certification as a limited cultivation registration, the initial limited cultivation registration will remain valid until the application for the hardship cultivation registration card is approved or denied by the Commission.

501.035: continued

(14) After obtaining a hardship cultivation registration, a registered qualifying patient is responsible for notifying the Commission, in a form and manner determined by the Commission, within five business days after any change to the information that he or she or his or her personal caregiver(s) was previously required to submit to the Commission.

(15) A registered qualifying patient with a hardship cultivation registration, or his or her personal caregiver(s) if applicable, must have the registration available at the site of cultivation. Such registration must be made available upon request of the Commission or other government agency acting within their lawful authority.

(16) A registered qualifying patient with a hardship cultivation registration, or his or her personal caregiver(s) if applicable, is prohibited from purchasing marijuana from an RMD, provided however that such individuals may purchase seeds.

501.100: Registration of Registered Marijuana Dispensaries

(1) General Requirements.

(a) An RMD is required to maintain an entity in good standing with the Secretary of the Commonwealth.

(b) No executive, member, or any entity owned or controlled by such executive or member, may directly or indirectly control more than three RMDs.

(c) An RMD must make vaporizers available for sale to registered qualifying patients.

(d) Under a medical-use registration alone, an RMD may not operate more than two locations in Massachusetts at which marijuana is cultivated, MIPs are prepared, and marijuana is dispensed. Each of these activities may occur at only one such location, which may be either the RMD's principal place of business or one Commission-approved alternate location in Massachusetts, but not both.

(e) All RMD agents of the RMD must be registered pursuant to 935 CMR 501.030.

(f) An RMD must have a program to provide reduced cost or free marijuana to patients with documented verified financial hardship.

(g) At least one executive of the entity seeking registration as an RMD must register with DCJIS on behalf of the entity as an organization user of iCORI.

(2) Application Requirements.

(a) Application of Intent. As necessary, the Commission shall announce publicly, in a form or manner determined by the Commission, the opportunity for entities that seek authority to apply for a certificate of registration. Every applicant responding to the announcement shall file, with respect to each application, a response in a form and manner specified by the Commission, and must at a minimum provide:

1. Documentation that it is an entity in good standing as specified in 935 CMR 501.100(1)(a), as well as a list of all executives of the proposed RMD, and a list of all members, if any, of the entity;

2. Documentation that it has at least $500,000 in its control and available, as evidenced by bank statements, lines of credit, or the equivalent, to ensure that the applicant has sufficient resources to operate. 935 CMR 501.100(1)(a)2. may be fulfilled through demonstration of pooled resources among the individuals or entities affiliated with the applicant. If an entity is submitting more than one application, the capital requirement shall be $400,000 for each subsequent application;

3. An attestation signed by an authorized designee of the entity that if the entity is

allowed to proceed to the Management and Operations Profile, the entity is prepared to pay a nonrefundable application fee as specified in the Notice;
4. The requisite nonrefundable application fee; and
5. Any other information required by the Commission.

501.100: continued

(b) Action on Application of Intent. The Commission shall notify each applicant that submitted an application in a timely manner that satisfies the criteria in 935 CMR 501.100(2)(a) that it may proceed to the Management and Operations Profile. At the time of such notice by the Commission, an applicant must notify the chief administrative officer, or equivalent, and chief of police, or equivalent, of the proposed city or town in which an RMD would be sited, if applicable, and the sheriff of the applicable county, of the intent to submit a Management and Operations Profile.

(c) Management and Operations Profile. Within 45 days after receipt of an invitation to submit an application pursuant to 935 CMR 501.100(2)(b), each applicant that proceeds to the Management and Operations Profile shall submit, with respect to each application, a response in a form and manner specified by the Commission, which includes:

1. A nonrefundable application fee;
2. Detailed information regarding entity, including the legal name, a copy of the articles of organization and bylaws;
3. The name, address, date of birth, and résumés of each executive of the applicant and of the members, if any, of the entity, along with a photocopy of their driver's licenses or other government-issued identification cards, and background check information in a form and manner determined by the Commission including, but not limited to, CORI reports obtained from the DCJIS within 30 calendar days prior to submission to the Commission, pursuant to the RMD's registration with DCJIS under M.G.L. c. 6, § 172;
4. The name, address, and date of birth of all RMD agents that the RMD intends to employ, to the extent that they are known;
5. A list of all persons or entities having direct or indirect authority over the management or policies of the RMD, including the members of the entity, if any, and a list of all persons or entities contributing 5% or more of the initial capital to operate an RMD, including capital that is in the form of land or buildings;
6. A description of the RMD's plan to obtain a liability insurance policy or otherwise meet the requirements of 935 CMR 501.105(17);
7. A detailed summary of the business plan for the RMD;
8. An operational plan for the cultivation of marijuana, including a detailed summary of policies and procedures for cultivation;
9. If the RMD intends to produce MIPs, a description of the types and forms of MIPs that the RMD intends to produce, and the methods of production;
10. A detailed summary of operating policies and procedures for the RMD, which shall include but not be limited to provisions for security, prevention of diversion, storage of marijuana, transportation of marijuana, inventory procedures including plans for integrating any existing electronic tracking systems with the Seed-to-sale SOR, procedures for quality control and testing of product for potential contaminants, procedures for maintaining confidentiality as required by law, personnel policies, dispensing procedures, record-keeping procedures, plans for patient education, and any plans for patient or personal caregiver home-delivery;
11. A detailed summary of the RMD's policies and procedures for the provision of marijuana to registered qualifying patients with verified financial hardship without charge or at less than the market price, as required by 935 CMR 501.100(1)(f);
12. A detailed description of all intended training(s) for RMD agents;
13. Evidence that the applicant is responsible and suitable to maintain an RMD. Information including, but not limited to, the following factors shall be considered in determining the responsibility and suitability of the applicant to maintain an RMD:
    a. Demonstrated experience running a business;

b. History of providing healthcare services or services providing marijuana for medical purposes, including provision of services in other states;
c. History of response to correction orders issued under the laws or regulations of the Commonwealth or other states;
d. Whether the applicant is in compliance with all laws of the Commonwealth relating to taxes and child support and whether the applicant will have workers' compensation and professional and commercial insurance coverage;

501.100: continued

e. Any criminal action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, whether for a felony or misdemeanor, against any of the executives of the applicant, or of the members of the entity, if any, including, but not limited to, action against any healthcare facility or facility for providing marijuana for medical purposes in which those individuals either owned shares of stock or served as executives, and which resulted in conviction, or guilty plea, or plea of *nolo contendere*, or admission of sufficient facts;

f. Any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to any executive's (or members of the entity, if any) profession or occupation or fraudulent practices including, but not limited to:

i. fraudulent billing practices;

ii. past or pending legal or enforcement actions in any other state against any officer, executive, director, or board member of the applicant or its members, or against any other entity owned or controlled in whole or in part by them, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes;

iii. past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare;

iv. past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration of an executive of the applicant, as well as by any member of the entity, if any; or

v. prescribing for or distributing controlled substances or legend drugs by any executive, including of the members of the entity, if any, except for therapeutic or other proper medical or scientific purpose.

g. Any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information; and

h. Any other information required by the Commission.

14. Any other information required by the Commission.

(d) Siting Profile.

1. The county, city, or town in which the proposed RMD would be sited, and if known, the physical address of the proposed RMD. If marijuana will be cultivated or MIPs will be prepared at any location other than the dispensing location of the proposed RMD, the physical address of the one additional location where marijuana will be cultivated or MIPs will be prepared, if known;

2. If the applicant has identified the physical address of the proposed RMD pursuant to 935 CMR 501.100(2)(d)1., the applicant shall provide evidence of interest in the subject property, and the additional cultivation location, if any. Interest may be demonstrated by one of the following:

a. Clear legal title to the proposed site;

b. An option to purchase the proposed site;

c. A lease;

d. A legally enforceable agreement to give such title under 935 CMR 501.100 (2)(d)(b)1. or 2.a. or b., or such lease under 935 CMR 501.100(2)(d)2.c., in the event

the Commission determines that the applicant qualifies for registration as an RMD; or

e. Binding permission to use the premises.

3. If available at the time of submission, pursuant to 935 CMR 501.100(2)(d)1., a description of plans to ensure that the RMD is or shall be compliant with local codes, ordinances, and bylaws for the physical address of the RMD and for the physical address of the additional location, if any, including any demonstration of support or non-opposition furnished by the local municipality;

501.100: continued

4. A proposed timeline for achieving operation of the RMD and evidence that the RMD will be ready to operate within the proposed timeline after notification by the Commission that the applicant qualifies for registration;
5. An analysis of the projected patient population and projected need in the service area of the proposed RMD;
6. A statement of whether the applicant would consider a location other than the county or physical address provided pursuant to 935 CMR 501.100(2)(d)1.; and
7. Any other information required by the Commission.

(e) Failure of the applicant to adequately address all required items in its application will result in evaluation of the application as submitted. The applicant will not be permitted to provide supplemental materials unless specifically requested by the Commission.

(f) Action on Application Submissions.

1. The Commission shall not consider an application that is submitted after the due date specified.
2. The Commission may conduct a site visit to the proposed location, if applicable, of the RMD, to determine the appropriateness of the site(s).
3. A selection committee established by the Commission shall evaluate applications for the purpose of granting registrations. Decisions will be based on the thoroughness and quality of the applicants' responses to the required criteria, and the applicants' ability to meet the overall health needs of registered qualifying patients and the safety of the public.
4. For purposes of evaluation, the Commission may take into account desired geographical distribution of RMDs *(i.e.*, convenience for and proximity to Massachusetts residents, and avoidance of clustering of RMDs in one area), local support for the RMD application, likelihood of successful siting of the RMD in the proposed location, the presence of a home-delivery system, and other mechanisms to ensure appropriate patient access, as well as other factors as described in the application form.
5. The Commission shall grant registrations with the goal of ensuring that the needs of the Commonwealth are met with regard to access, quality, and community safety.
6. The Commission may request additional information from an applicant.
7. Nothing in 935 CMR 501.000 is intended to confer a property or other right or interest entitling an applicant to a hearing before an application may be denied.

(3) RMD Certificate of Registration.

(a) Upon selection by the Commission, an applicant shall submit the required registration fee and subsequently be issued a provisional certificate of registration to develop an RMD, in the name of the entity. Such provisional certificates of registration shall be subject to reasonable conditions specified by the Commission, if any.

1. Inspections.

a. The Commission shall review architectural plans for the building or renovation of an RMD. Construction or renovation related to such plans shall not begin until the Commission has granted approval. Submission of such plans shall be accompanied by a requisite fee and shall occur in a manner and form established by the Commission including, but not limited to, a detailed floor plan of the premises of the proposed RMD that identifies the square footage available and describes the functional areas of the RMD, including areas for any preparation of MIPs, and, if applicable, such information for the single allowable off-premises location in Massachusetts where marijuana will be cultivated or MIPs will be prepared; and a description of plans to ensure that the RMD will be compliant with requirements of

the Americans with Disabilities Act (ADA) Accessibility Guidelines;

b. An RMD shall construct its dispensary, processing and cultivation facilities in accordance with 935 CMR 501.000, conditions set forth by the Commission in its provisional certificate of registration and architectural review, and any applicable state and local laws, regulations, permits or licenses;

c. The Commission may conduct inspections of the dispensary, processing and cultivation facilities, as well as review all written materials required in accordance with 935 CMR 501.000.

501.100: continued

2. Final Certificate of Registration. Upon completion of all inspections required by the Commission, an RMD is eligible for a final certificate of registration. All information described in 935 CMR 501.100(2)(c) and (d) that is not available at the time of submission, must be provided to and approved by the Commission, before an RMD may receive a final certificate of registration. Such final certificates of registration shall be subject to reasonable conditions specified by the Commission, if any.

(b) No person shall operate an RMD without a final certificate of registration issued by the Commission.

(c) A provisional or final certificate of registration may not be assigned or transferred without prior Commission approval.

(d) A provisional or final certificate of registration shall be immediately null and void if the RMD ceases to operate, or if, without the permission of the Commission, it relocates.

(e) Acceptance of a provisional or final certificate of registration constitutes an agreement by the RMD that it shall adhere to the practices, policies, and procedures that are described in its application materials, as well as all relevant laws, regulations, and any conditions imposed by the Commission as part of registration.

(f) The RMD shall post the final certificate of registration in a conspicuous location on the premises at each Commission-approved location.

(g) The RMD shall conduct all activities authorized by 935 CMR 501.000 at the address(es) identified on the final certificate of registration issued by the Commission. Under a medical-use registration alone, except for the two permitted locations, no operations are permitted at any other locations, except surveillance activities in accordance with 935 CMR 501.110(2)(d).

(4) The RMD must be operational within the time indicated in 935 CMR 501.100(2)(d)4. or as otherwise amended through the application process, and approved by the Commission through the issuance of a final certificate of registration.

(5) Expiration and Renewal of Registration. The RMD's certificate of registration, as applicable, shall expire one year after the date of issuance of the provisional certificate of registration and annually thereafter, and may be renewed as follows unless an action has been taken based upon the grounds set forth in 935 CMR 501.405:

(a) No later than 60 calendar days prior to the expiration date, an RMD shall submit a completed renewal application to the Commission in a form and manner determined by the Commission, as well as the required fee; and

(b) The RMD shall update as needed, and ensure the accuracy of, all information that it submitted on its initial application for a certificate of registration.

(6) Notification to the Commission and Commission Approval of Changes.

(a) Prior to changing location(s), the RMD shall submit a request for such change to the Commission and shall pay the appropriate fee. No such change shall be permitted until approved by the Commission.

(b) Prior to any modification, remodeling, expansion, reduction, or other physical, non-cosmetic alteration of the RMD, the RMD shall submit an application for such change to the Commission and shall pay the appropriate fee. No such change shall be permitted until approved by the Commission.

(c) Prior to changing its name, the RMD shall notify the Commission and shall pay the appropriate fee. No such change shall be permitted until approved by the Commission.

(d) The RMD shall keep current all information required by 935 CMR 501.000 or otherwise

required by the Commission. The RMD shall report any changes in or additions to the content of the information contained in any document to the Commission within five business days after such change or addition.

501.105: Operational Requirements for Registered Marijuana Dispensaries

(1) Every RMD shall have and follow a set of detailed written operating procedures. If the RMD has a second location, it shall develop and follow a set of such operating procedures for that facility. Operating procedures shall include, but need not be limited to the following:

501.105: continued

(a) Security measures in compliance with 935 CMR 501.110;
(b) Employee security policies, including personal safety and crime prevention techniques;
(c) A description of the RMD's:
1. Hours of operation and after-hours contact information, which shall be provided to the Commission, made available to law enforcement officials upon request, and updated pursuant to 935 CMR 501.100(6)(d); and
2. Price list for marijuana, MIPs, and any other available products, and alternate price lists for patients with documented verified financial hardship as required by 935 CMR 501.100(1)(f);
(d) Storage of marijuana in compliance with 935 CMR 501.105(4);
(e) Description of the various strains of marijuana to be cultivated and dispensed, and the form(s) in which marijuana will be dispensed;
(f) Procedures to ensure accurate recordkeeping, including inventory protocols and procedures for integrating a secondary electronic system with the Seed-to-sale SOR;
(g) Plans for quality control, including product testing for contaminants in compliance with 935 CMR 501.105(3)(b);
(h) A staffing plan and staffing records in compliance with 935 CMR 501.105(9)(d)3.;
(i) Emergency procedures, including a disaster plan with procedures to be followed in case of fire or other emergencies;
(j) Alcohol, smoke, and drug-free workplace policies;
(k) A plan describing how confidential information will be maintained in accordance with 935 CMR 501.200;
(l) A description of the RMD's patient education activities in accordance with 935 CMR 501.105(11);
(m) The standards and procedures by which the RMD determines the price it charges for marijuana, and a record of the prices charged, including the RMD's policies and procedures for the provision of marijuana to registered qualifying patients with verified financial hardship without charge or at less than the market price, as required by 935 CMR 501.100(1)(f);
(n) Written policies and procedures for the production and distribution of marijuana, which shall include, but not be limited to:
1. Methods for identifying, recording, and reporting diversion, theft, or loss, and for correcting all errors and inaccuracies in inventories;
2. A procedure for handling voluntary and mandatory recalls of marijuana. Such procedure shall be adequate to deal with recalls due to any action initiated at the request or order of the Commission, and any voluntary action by an RMD to remove defective or potentially defective marijuana from the market, as well as any action undertaken to promote public health and safety;
3. A procedure for ensuring that any outdated, damaged, deteriorated, mislabeled, or contaminated marijuana is segregated from other marijuana and destroyed. This procedure shall provide for written documentation of the disposition of the marijuana;
4. Policies and procedures for patient or personal caregiver home-delivery; and
5. Policies and procedures for the transfer, acquisition, or sale of marijuana between RMDs, and if applicable, Marijuana Establishments and CMOs.
(o) A policy for the immediate dismissal of any RMD agent who has:
1. Diverted marijuana, which shall be reported to law enforcement officials and to the Commission; or
2. Engaged in unsafe practices with regard to operation of the RMD, which shall be reported to the Commission; and

(p) A list of all board members and executives of an RMD, and members, if any, of the entity, must be made available upon request by any individual. This requirement may be fulfilled by placing this information on the RMD's website.
(q) Policy and procedure for the handling of cash on RMD premises including, but not limited to, storage, collection frequency, and transport to financial institution(s).

501.105: continued

(2) Cultivation, Acquisition, and Distribution Requirements.

(a) The following requirements pertain to cultivation of marijuana for medical use:

1. Unless otherwise authorized by the Commission, only an RMD is permitted to cultivate medical-use marijuana, except for a registered qualifying patient granted a hardship cultivation registration or that patient's personal caregiver;

2. Unless otherwise authorized by the Commission, a cultivation location of an RMD may cultivate marijuana for only that RMD, and up to two additional RMDs under an entity;

3. All phases of the cultivation of marijuana shall take place in designated, locked, limited access areas that are monitored by a surveillance camera system in accordance with 935 CMR 501.110(4)(a)4. through 9.;

4. An RMD may label marijuana and MIPS with the word "organic" only if all cultivation is consistent with U.S. Department of Agriculture organic requirements at 7 CFR Part 205 and consistent with the Massachusetts Department of Agricultural Resources requirements for pesticide usage;

5. Soil for cultivation shall meet the U.S. Agency for Toxic Substances and Disease Registry's Environmental Media Evaluation Guidelines for residential soil levels; and

6. The cultivation process shall use best practices to limit contamination including, but not limited to, mold, fungus, bacterial diseases, rot, pests, mildew, and any other contaminant identified as posing potential harm.

(b) Application of pesticides shall be performed in compliance with M.G.L. c. 132B and 333 CMR 2.00 through 333 CMR 14.00. Any testing results indicating noncompliance shall be immediately reported to the Commission, who may refer any such result to the Massachusetts Department of Agricultural Resources.

(c) An RMD may acquire marijuana from or distribute marijuana to another RMD when:

1. A documented emergency occurs such as loss of crop, vandalism, or theft, or other circumstance as approved by the Commission; or

2. The distribution and acquisition of marijuana, except MIP's, to and from all other RMDs does not exceed, cumulatively, 45% of the RMD's total annual inventory of marijuana as measured by weight; except that such requirement shall not apply to CMOs;

3. The distribution and acquisition of MIPs to and from all other RMDs does not exceed, cumulatively, 45% of the RMD's total annual inventory of MIPs as measured by its dry weight equivalent to marijuana; except that such requirement shall not apply to CMOs; and

4. By or before April 1, 2019, any distribution and acquisition of marijuana and MIPs must be tracked in the Seed-to-sale SOR in a form and manner determined by the Commission. Any distribution of marijuana and MIPs that is not tracked in the Seed-to-sale SOR may result in the suspension or revocation of an RMD registration.

(3) Requirements for Handling and Testing Marijuana and for Production of MIPs.

(a) Except for a registered qualifying patient or personal caregiver, who are not subject to 935 CMR 501.105, only a registered RMD is permitted to produce MIPs. Unless otherwise authorized by the Commission, an MIP production facility of an RMD may produce MIPs for only that RMD, and up to two additional RMDs under an entity.

(b) The RMD is responsible for having all marijuana cultivated by the RMD tested in accordance with the following:

1. Marijuana shall be tested for the cannabinoid profile and for contaminants as specified by the Commission including, but not limited to, mold, mildew, heavy metals, plant-growth regulators, and the presence of pesticides. The Commission may require

additional testing;

2. The RMD shall maintain the results of all testing for no less than one year;

3. The RMD must follow established policies and procedures for responding to results indicating contamination as well as:

a. notification within 72 hours by the RMD and the independent testing laboratory separately and directly to the Commission on a form prescribed by the Commission of any results indicating contamination that cannot be remediated; and

b. submission of any information regarding contamination immediately upon request by the Commission.

501.105: continued

Such policy shall be available to registered qualifying patients and personal caregivers. Any notifications indicating contamination that cannot be remediated shall include a proposed plan for destruction of contaminated product and assessment of the source of contamination;

4. All testing must be conducted by an independent laboratory that is:

a. Accredited to International Organization for Standardization (ISO) 17025 (ISO/IEC 17025: 2017) by a third party accrediting body that is a signatory to the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement; or

b Certified, registered, or accredited by an organization approved by the Commission.

5. The RMD shall arrange for testing to be conducted in accordance with the frequency required by the Commission;

6. An RMD must have a contractual arrangement with a laboratory for the purposes of testing marijuana;

7. An executive of an RMD, or a member, if any, of the entity, is prohibited from having any financial or other interest in a laboratory providing testing services for any RMD;

8. No individual employee of a laboratory providing testing services for RMDs may receive direct financial compensation from any RMD;

9. All transportation of marijuana to and from laboratories providing marijuana testing services shall comply with 935 CMR 501.110(5);

10. All storage of marijuana at a laboratory providing marijuana testing services shall comply with 935 CMR 501.105(4); and

11. All excess marijuana must be returned to the source RMD and be disposed of pursuant to 935 CMR 501.105(10).

(c) All marijuana in the process of cultivation, production, preparation, transport, or analysis shall be housed and stored in such a manner as to prevent diversion, theft, or loss.

1. Such items shall be accessible only to the minimum number of specifically authorized RMD agents essential for efficient operation;

2. Such items shall be returned to a secure location immediately after completion of the process or at the end of the scheduled business day;

3. If a manufacturing process cannot be completed at the end of a working day, the processing area or tanks, vessels, bins, or bulk containers containing marijuana shall be securely locked inside an area or building that affords adequate security.

(d) An RMD shall process marijuana in a safe and sanitary manner. An RMD shall process the leaves and flowers of the female marijuana plant only, which shall be:

1. Well cured and free of seeds and stems;

2. Free of dirt, sand, debris, and other foreign matter;

3. Free of contamination by mold, rot, other fungus, pests and bacterial diseases;

4. Prepared and handled on food-grade stainless steel tables with no contact with RMD agents' bare hands; and

5. Packaged in a secure area.

(e) Production of edible MIPs shall take place in compliance with the following:

1. All edible MIPs shall be prepared, handled, and stored in compliance with the sanitation requirements in 935 CMR 501.000 and 935 CMR 300.000: *Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements*; and

2. Any edible MIP that is made to resemble a typical food or beverage product must be packaged in an opaque package and labeled as required by 935 CMR 501.105(5)(c).

(f) All RMDs, including those that develop or process non-edible MIPs, shall comply with the following sanitary requirements:

1. Any RMD agent whose job includes contact with marijuana or non-edible MIPs, including cultivation, production, or packaging, is subject to the requirements for food handlers specified in 105 CMR 300.000: *Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements*;

2. Any RMD agent working in direct contact with preparation of marijuana or non-edible MIPs shall conform to sanitary practices while on duty, including:

a. Maintaining adequate personal cleanliness; and

b. Washing hands thoroughly in an adequate hand-washing area before starting work, and at any other time when hands may have become soiled or contaminated.

501.105: continued

3. Hand-washing facilities shall be adequate and convenient and shall be furnished with running water at a suitable temperature. Hand-washing facilities shall be located in the RMD in production areas and where good sanitary practices require employees to wash and/or sanitize their hands, and shall provide effective hand-cleaning and sanitizing preparations and sanitary towel service or suitable drying devices;
4. There shall be sufficient space for placement of equipment and storage of materials as is necessary for the maintenance of sanitary operations;
5. Litter and waste shall be properly removed, disposed of so as to minimize the development of odor, and minimize the potential for the waste attracting and harboring pests. The operating systems for waste disposal shall be maintained in an adequate manner pursuant to 935 CMR 501.105(10);
6. Floors, walls, and ceilings shall be constructed in such a manner that they may be adequately kept clean and in good repair;
7. There shall be adequate safety lighting in all processing and storage areas, as well as areas where equipment or utensils are cleaned;
8. Buildings, fixtures, and other physical facilities shall be maintained in a sanitary condition;
9. All contact surfaces, including utensils and equipment, shall be maintained in a clean and sanitary condition. Such surfaces shall be cleaned and sanitized as frequently as necessary to protect against contamination, using a sanitizing agent registered by the U.S. Environmental Protection Agency (EPA), in accordance with labeled instructions. Equipment and utensils shall be so designed and of such material and workmanship as to be adequately cleanable;
10. All toxic items shall be identified, held, and stored in a manner that protects against contamination of marijuana and MIPs;
11. An RMD's water supply shall be sufficient for necessary operations. Any private water source shall be capable of providing a safe, potable, and adequate supply of water to meet the RMD's needs;
12. Plumbing shall be of adequate size and design, and adequately installed and maintained to carry sufficient quantities of water to required locations throughout the RMD. Plumbing shall properly convey sewage and liquid disposable waste from the RMD. There shall be no cross-connections between the potable and waste water lines;
13. An RMD shall provide its employees with adequate, readily accessible toilet facilities that are maintained in a sanitary condition and in good repair;
14. Products that can support the rapid growth of undesirable microorganisms shall be held in a manner that prevents the growth of these microorganisms; and
15. Storage and transportation of finished products shall be under conditions that will protect them against physical, chemical, and microbial contamination as well as against deterioration of them or their container.

(4) RMD Storage Requirements.
(a) An RMD shall provide adequate lighting, ventilation, temperature, humidity, space, and equipment, in accordance with applicable provisions of 935 CMR 501.105 and 501.110;
(b) An RMD shall have separate areas for storage of marijuana that is outdated, damaged, deteriorated, mislabeled, or contaminated, or whose containers or packaging have been opened or breached, until such products are destroyed;
(c) RMD storage areas shall be maintained in a clean and orderly condition;
(d) RMD storage areas shall be free from infestation by insects, rodents, birds, and pests of any kind; and

(e) RMD storage areas shall be maintained in accordance with the security requirements of 935 CMR 501.110.

(5) Packaging and Labeling.

(a) Marijuana shall be packaged in plain, opaque, tamper-proof, and child-proof containers without depictions of the product, cartoons, or images other than the RMD's logo. Edible MIPs shall not bear a reasonable resemblance to any product available for consumption as a commercially available candy.

501.105: continued

(b) Labeling of Marijuana (Excluding MIPs). The RMD shall place a legible, firmly affixed label on which the wording is no less than $^{1}/_{16}$ inch in size on each package of marijuana that it prepares for dispensing, containing at a minimum the following information:

1. The registered qualifying patient's name;
2. The name and registration number of the RMD that produced the marijuana, together with the RMD's telephone number and mailing address, and website information, if any;
3. The quantity of usable marijuana contained within the package;
4. The date that the RMD packaged the contents;
5. A batch number, sequential serial number, and bar code when used, to identify the batch associated with manufacturing and processing;
6. The cannabinoid profile of the marijuana contained within the package, including THC level;
7. A statement that the product has been tested for contaminants, that there were no adverse findings, and the date of testing in accordance with 935 CMR 501.105(3)(b); and
8. This statement, including capitalization:

"This product has not been analyzed or approved by the FDA. There is limited information on the side effects of using this product, and there may be associated health risks. Marijuana use during pregnancy and breast-feeding may pose potential harms. Do not drive or operate machinery when under the influence of this product. KEEP THIS PRODUCT AWAY FROM CHILDREN."

(c) Labeling of MIPs. The RMD shall place a legible, firmly affixed label on which the wording is no less than $^{1}/_{16}$ inch in size on each MIP that it prepares for dispensing, containing at a minimum the following information:

1. The registered qualifying patient's name;
2. The name and registration number of the RMD that produced the MIP, together with the RMD's telephone number and mailing address, and website information, if any;
3. The name of the product;
4. The quantity of usable marijuana contained within the product as measured in ounces;
5. A list of ingredients, including the cannabinoid profile of the marijuana contained within the product, including the THC level;
6. The date of product creation and the recommended "use by" or expiration date;
7. A batch number, sequential serial number, and bar code when used, to identify the batch associated with manufacturing and processing;
8. Directions for use of the product if relevant;
9. A statement that the product has been tested for contaminants, that there were no adverse findings, and the date of testing in accordance with 935 CMR 501.105(3)(b);
10. A warning if nuts or other known allergens are contained in the product; and
11. This statement, including capitalization:

"This product has not been analyzed or approved by the FDA. There is limited information on the side effects of using this product, and there may be associated health risks. Marijuana use during pregnancy and breast-feeding may pose potential harms. Do not drive or operate machinery when under the influence of this product. KEEP THIS PRODUCT AWAY FROM CHILDREN."

(6) Dispensing Marijuana.

(a) Registered qualifying patients and personal caregivers shall be identified as follows:

1. An RMD shall refuse to sell marijuana to any registered qualifying patient or personal

caregiver who is unable to produce a temporary or an annual registration card and valid proof of identification, or who does not have a valid certification in the Commission supported interoperable database. The identification must contain a name, photograph, and date of birth, and shall be limited to one of the following:

a. A driver's license;
b. A government-issued identification card;
c. A military identification card; or
d. A passport.

501.105: continued

2. Upon entry into an RMD by a registered qualifying patient or personal caregiver, an RMD agent shall immediately inspect the patient's or caregiver's temporary or annual registration card and proof of identification.

(b) An RMD may dispense only to a registered qualifying patient who has a current valid certification, or to his or her personal caregiver. Pursuant to 935 CMR 501.010(8), a certifying healthcare provider shall have defined the calendar day length of valid certification of a qualifying patient.

1. For a registered qualifying patient certified for 60 days or longer, the amount of marijuana dispensed, including marijuana contained in MIPs, shall be no more than a 60-day supply in each 60-day period as defined in 935 CMR 501.003 (*e.g.*, a patient with a 60-day supply of ten ounces who is certified for 90 days may receive up to ten ounces in the first 60 days and five ounces in the remaining 30 days, while a patient certified for 180 days may receive up to ten ounces in each 60-day period).

2. For a registered qualifying patient whose certifying healthcare provider has determined that he or she requires a 60-day supply other than ten ounces in accordance with 935 CMR 501.010(9), the amount of marijuana dispensed, including marijuana contained in MIPs, shall be adjusted accordingly so that the amount of marijuana dispensed, including marijuana contained in MIPs, shall be no more than a 60-day supply as certified by the certifying healthcare provider in each 60-day period.

(c) An RMD shall make interpreter services available that are appropriate to the population served, including for the visually- and hearing-impaired. Such services may be provided by any effective means.

(d) An RMD may refuse to dispense to a registered qualifying patient or personal caregiver if in the opinion of the RMD agent, the patient or the public would be placed at risk. In any instance of denial, an RMD must notify the patient's certifying healthcare provider within 24 hours.

(7) Inventory.

(a) An RMD must limit its inventory of seeds, plants, and usable marijuana to reflect the projected needs of registered qualifying patients.

(b) Real-time Inventory or Seed-to-sale Electronic Tracking shall be maintained as specified by the Commission and in 935 CMR 501.105(7)(c) and (d) including, at a minimum, an inventory of marijuana plants; marijuana plant seeds and clones in any phase of development such as propagation, vegetation, and flowering; marijuana ready for dispensing; all MIPs; and all damaged, defective, expired, or contaminated marijuana and MIPs awaiting disposal.

(c) An RMD shall:

1. Establish inventory controls and procedures for the conduct of inventory reviews, and comprehensive inventories of marijuana and MIPs in the process of cultivation, and finished, stored marijuana;

2. Conduct a monthly inventory of marijuana in the process of cultivation and finished, stored marijuana;

3. Conduct a comprehensive annual inventory at least once every year after the date of the previous comprehensive inventory; and

4. Promptly transcribe inventories if taken by use of an oral recording device.

(d) The record of each inventory shall include, at a minimum, the date of the inventory, a summary of the inventory findings, and the names, signatures, and titles of the individuals who conducted the inventory.

(e) An RMD shall tag and track all marijuana seeds, clones, plants, and MIPs, and other products, using a Seed-to-sale methodology in a form and manner to be approved by the

Commission.

(f) After Program Transfer, an RMD shall enter all its inventory into the Seed-to-sale SOR in a form and a manner determined by the Commission.

(g) By April 1, 2019, and thereafter, an RMD must do the following:

1. Attach plant tags to all marijuana clones; and plants
2. Attach package tags to all MIPs and any remaining inventory, including seeds, into the Seed-to-sale SOR.

501.105: continued

(h) The failure to enter inventory into the Seed-to-sale SOR may result in the suspension or revocation of an RMD registration.

(i) The use of the Seed-to-sale SOR does not preclude an RMD from using a secondary electronic tracking system so long as it complies with 935 CMR 501.105(7).

The RMD must seek approval from the Commission, in a form and manner determined by the Commission, to integrate its secondary system with the Seed-to-sale SOR.

(j) Subject to an RMD entering all its inventory into the Seed-to-sale SOR in accordance with 935 CMR 501.105(7)(f), the requirements of 935 CMR 501.105(7)(c) and (d), shall be deemed waived.

(8) RMD Agent Training. RMDs shall ensure that all RMD agents complete training prior to performing job functions. Training shall be tailored to the roles and responsibilities of the job function of each RMD agent, and at a minimum must include training on confidentiality, and other topics as specified by the Commission. Agents responsible for tracking and entering product into the Seed-to-sale SOR must receive training in a form and manner determined by the Commission. At a minimum, staff shall receive eight hours of on-going training annually.

(9) Record Keeping. Records of an RMD must be available for inspection by the Commission upon request. Written records that are required and are subject to inspection include, but are not limited to, all records required in any section of 935 CMR 501.000, in addition to the following:

(a) Operating procedures as required by 935 CMR 501.105(1);

(b) Inventory records as required by 935 CMR 501.105(7);

(c) Seed-to-sale tracking records for all marijuana and MIPs as required by 501.105(7)(e);

(d) The following personnel records:

1. Job descriptions for each employee and volunteer position, as well as organizational charts consistent with the job descriptions;

2. A personnel record for each RMD agent. Such records shall be maintained for at least 12 months after termination of the individual's affiliation with the RMD and shall include, at a minimum, the following:

a. All materials submitted to the Commission pursuant to 935 CMR 501.030(2);

b. Documentation of verification of references;

c. The job description or employment contract that includes duties, authority, responsibilities, qualifications, and supervision;

d. Documentation of all required training, including training regarding privacy and confidentiality requirements, and the signed statement of the individual indicating the date, time, and place he or she received said training and the topics discussed, including the name and title of presenters;

e. A copy of the application that the RMD submitted to the Commission on behalf of any prospective RMD agent;

f Documentation of periodic performance evaluations; and

g. A record of any disciplinary action taken.

3. A staffing plan that will demonstrate accessible business hours and safe cultivation conditions;

4. Personnel policies and procedures; and

5. All CORI reports obtained in accordance with M.G.L. c. 6, § 172, 935 CMR 501.030(3), and 803 CMR 2.00: *Criminal Offender Record Information (CORI)*;

(e) Business records, which shall include manual or computerized records of:

1. Assets and liabilities;

2. Monetary transactions;

3. Books of accounts, which shall include journals, ledgers, and supporting documents, agreements, checks, invoices, and vouchers;
4. Sales records that indicate the name of the registered qualifying patient or personal caregiver to whom marijuana has been dispensed, including the quantity, form, and cost; and
5. Salary and wages paid to each employee, stipend paid to each board member, and any executive compensation, bonus, benefit, or item of value paid to any individual affiliated with an RMD, including members of the nonprofit corporation, if any.

501.105: continued

(f) Waste disposal records as required under 935 CMR 501.105(10)(b); and
(g) Following closure of an RMD, all records must be kept for at least two years at the expense of the RMD and in a form and location acceptable to the Commission.

(10) Waste Disposal.
(a) All waste, including waste composed of or containing finished marijuana and MIPs, shall be stored, secured, and managed in accordance with applicable state and local statutes, ordinances, and regulations. Liquid waste containing marijuana or byproducts of marijuana processing shall be disposed of in compliance with all applicable state and federal requirements including, but not limited to, for discharge of pollutants into surface water or groundwater (Massachusetts Clean Waters Act, M.G.L. c. 21, §§ 26 through 53; 314 CMR 3.00: *Surface Water Discharge Permit Program*; 314 CMR 5.00: *Groundwater Discharge Program*; 314 CMR 12.00: *Operation Maintenance and Pretreatment Standards for Wastewater Treatment Works and Indirect Dischargers*; the Federal Clean Water Act, 33 U.S.C. 1251 *et seq*., the National Pollutant Discharge Elimination System Permit Regulations at 40 CFR Part 122, 314 CMR 7.00: *Sewer System Extension and Connection Permit Program*), or stored pending disposal in an industrial wastewater holding tank in accordance with 314 CMR 18.00: *Industrial Wastewater Holding Tanks and Containers*.
(b) Solid waste generated at an RMD shall be disposed of as follows:
1. Incineration in a commercial or municipal waste combustor in Massachusetts holding a valid permit issued by the Department of Environmental Protection (DEP). No fewer than two RMD agents must witness and document destruction; or
2. Disposal in a landfill holding a valid permit issued by the DEP or by the appropriate state agency in the state in which the facility is located. No fewer than two RMD agents must witness and document disposal in the landfill; or
3. Grinding and incorporating the medical marijuana waste with solid wastes such that the resulting mixture renders the medical marijuana waste unusable. Once such medical marijuana waste has been rendered unusable, it may be:
a. Disposed of in a solid waste management facility that holds a valid permit issued by the DEP or by the appropriate state agency in the state in which the facility is located; or
b. If the material mixed with the medical marijuana waste is organic material as defined in 310 CMR 16.02: *Definitions*, the mixture may be composted at an operation that is in compliance with the requirements of 310 CMR 16.00: *Site Assignment Regulations for Solid Waste Facilities*.
4. An RMD must accept at no charge unused, excess, or contaminated marijuana or MIPs from a registered qualifying patient or personal caregiver and shall destroy it as provided in 935 CMR 501.105(10) and maintain a written record of such disposal, which shall include the name of the supplying registered qualifying patient or personal caregiver if applicable.
5. When marijuana or MIPs are disposed of, the RMD must create and maintain an electronic record of the date, the type and quantity disposed of, the manner of disposal, and two RMD Agents present during the disposal, with their signatures. RMDs shall keep disposal records for at least three years. This period shall automatically be extended for the duration of any enforcement action and may be extended by an order of the Commission.
6. On April 1, 2019 and thereafter, the disposal of marijuana, MIPs, and marijuana products must be recorded and tracked in the Seed-to-sale SOR.

(11) Patient Education. An RMD shall provide educational materials about marijuana to registered qualifying patients and their personal caregivers. An RMD must have an adequate supply of up-to-date educational material available for distribution. Educational materials must be available in languages accessible to all patients served by the RMD, including for the visually- and hearing-impaired. Such materials shall be made available for inspection by the Commission upon request. The educational material must include at least the following:

501.105: continued

(a) A warning that marijuana has not been analyzed or approved by FDA, that there is limited information on side effects, that there may be health risks associated with using marijuana, and that it should be kept away from children;
(b) A warning that when under the influence of marijuana, driving is prohibited by M.G.L. c. 90, § 24, and machinery should not be operated;
(c) Information to assist in the selection of marijuana, describing the potential differing effects of various strains of marijuana, as well as various forms and routes of administration;
(d) Materials offered to registered qualifying patients and their personal caregivers to enable them to track the strains used and their associated effects;
(e) Information describing proper dosage and titration for different routes of administration. Emphasis shall be on using the smallest amount possible to achieve the desired effect. The impact of potency must also be explained;
(f) A discussion of tolerance, dependence, and withdrawal;
(g) Facts regarding substance abuse signs and symptoms, as well as referral information for substance abuse treatment programs;
(h) A statement that registered qualifying patients may not distribute marijuana to any other individual, and that they must return unused, excess, or contaminated product to the RMD from which they purchased the product, for disposal; and
(i) Any other information required by the Commission.

(12) Marketing and Advertising Requirements.
(a) An RMD may develop a logo to be used in labeling, signage, and other materials use of medical symbols, images of marijuana, related paraphernalia, and colloquial references to cannabis and marijuana are prohibited from use in this logo.
(b) RMD external signage shall not be illuminated except for a period of 30 minutes before sundown until closing, and shall comply with local requirements regarding signage, provided however that the Commission may further specify minimum signage requirements. Neon signage or any illuminated external signage which fails to comply with all local ordinances and requirements is prohibited.
(c) An RMD shall not display on the exterior of the facility advertisements for marijuana or any brand name, and may only identify the building by the registered name.
(d) An RMD shall not utilize graphics related to marijuana or paraphernalia on the exterior of the RMD or the building in which the RMD is located.
(e) An RMD shall not advertise the price of marijuana, except that it shall provide a catalogue or a printed list of the prices and strains of marijuana available at the RMD to registered qualifying patients and personal caregivers upon request. A catalogue or a printed list of the prices, strains of marijuana and MIPs available at the RMD may also be posted on an RMD's website.
(f) Marijuana, MIPs, and associated products shall not be displayed or clearly visible from the exterior of an RMD.
(g) An RMD shall not produce any items for sale or promotional gifts, such as T-shirts or novelty items, bearing a symbol of or references to marijuana or MIPs, including the logo of the RMD.
(h) All advertising materials and materials produced by an RMD and disseminated pursuant to 935 CMR 501.105(11) or (12) are prohibited from including:
1. Any statement, design, representation, picture, or illustration that encourages or represents the use of marijuana for any purpose other than to treat a debilitating medical condition or related symptoms;
2. Any statement, design, representation, picture, or illustration that encourages or

represents the recreational use of marijuana;

3. Advertising, marketing, and branding that asserts that its products are safe, or represent that its products have curative or therapeutic effects, other than labeling required pursuant to M.G.L. c. 94G, § 4(a½)(xxvi), unless supported by substantial evidence or substantial clinical data with reasonable scientific rigor as determined by the Commission;

4. Any statement, design, representation, picture, or illustration portraying anyone younger than 21 years old.

501.105: continued

(i) Inside the RMD, all marijuana shall be kept in a limited access area inaccessible to any persons other than RMD agents, except for displays allowable under 935 CMR 501.105(12)(j). Inside the RMD, all marijuana shall be stored in a locked, access-controlled space in a limited access area during non-business hours.

(j) An RMD may display, in secure, locked cases, samples of each product offered for sale. These display cases may be transparent.

(k) An RMD is prohibited from engaging in any advertising, marketing, and branding, including statements by a registrant, that makes any false or misleading statements concerning other registrants or licensees and the conduct and products of such other registrants or licensees.

(l) An RMD is prohibited from using unsolicited pop-up advertisements on the internet.

(m) An RMD is prohibited from engaging in any advertising of an improper or objectionable nature including, but not limited to, the use of recipe books or pamphlets for marijuana products which contain obscene or suggestive statements.

(n) The Commission shall maintain and make available a list of all RMDs, their dispensing location, and their contact information.

(13) Reports to the Commission. The Commission may require ongoing reporting on operational, quality, and financial information in a form and manner determined by the Commission.

(14) Prohibitions.

(a) Unless otherwise authorized by the Commission, an RMD may not dispense, deliver, or otherwise transfer marijuana to a person other than a registered qualifying patient or to his or her personal caregiver, to another RMD as specified in 935 CMR 501.105(2)(c), or to a laboratory as specified in 935 CMR 501.105(3)(b).

(b) Unless otherwise authorized by the Commission, an RMD may not acquire marijuana or marijuana plants except through the cultivation of marijuana by that RMD or another RMD as specified in 935 CMR 501.105(2)(c), provided however that an RMD may acquire marijuana seeds, cuttings or genetic plant material. Cuttings or genetic plant material may only be acquired within 90 days of receiving a final certificate of registration, or such other time period approved by the Commission and otherwise as authorized under 935 CMR 501.105(2)(c).

(c) Unless authorized by the Commission, an RMD is prohibited from acquiring, possessing, cultivating, delivering, transferring, transporting, supplying, or dispensing marijuana for any purpose except to assist registered qualifying patients.

(d) An RMD may not give away any marijuana except as required pursuant to 935 CMR 501.100(1)(f). An RMD may not provide any samples of marijuana.

(e) An RMD may not receive orders for marijuana in any manner other than from a registered qualifying patient or personal caregiver in-person at the RMD, except in the cases of delivery, in which an order may be received by telephone or through a password-protected, internet-based platform.

(f) An RMD may not fill orders for marijuana in any manner other than to a registered qualifying patient or personal caregiver in person at the RMD, except in the case of delivery, in which an order may be delivered only to the primary residence of a registered qualifying patient or personal caregiver or the caregiving institution of a registered qualifying patient. The qualifying patient or caregiver receiving the delivery must possess a temporary or an annual registration card and valid photo identification as required pursuant to 935 CMR 501.105(6)(b). An RMD is prohibited from delivering adult use marijuana.

(g) Unless authorized by the Commission, an RMD may not sell any products other than marijuana, including MIPs and marijuana seeds, and other products such as vaporizers that facilitate the use of marijuana for medical purposes.

501.105: continued

(h) Consumption of marijuana on the premises or grounds of any RMD is prohibited, provided however that an RMD may administer medical-use marijuana for the purposes of teaching use of vaporizers, or demonstration of use of other products as necessary. An RMD is prohibited from administering adult-use marijuana.

(i) An RMD may not adulterate marijuana, including with psychoactive additives or other illicit substances.

(j) An RMD may not sell marijuana to a registered qualifying patient with a hardship cultivation registration or to his or her personal caregiver(s), provided however that the RMD may sell seeds to such individuals.

(15) Requirements Upon Expiration, Revocation, or Voiding of Certificate of Registration of RMD.

(a) If a registration to operate expires without being renewed, is revoked, or becomes void, the RMD shall:

1. Immediately discontinue cultivation and production of marijuana;
2. Weigh and inventory all unused marijuana in all stages of cultivation and all MIPs in any stage of production, and create and maintain a written record of all such items;
3. Dispose of the unused marijuana in accordance with 935 CMR 501.105(10) after approval by the Commission. Such disposal shall be in the public interest, and the Commission shall not be held liable in any way for any financial or other loss; and
4. Maintain all records as required by 935 CMR 501.105(9)(g).

(b) If the RMD does not comply with the requirements of 935 CMR 501.105(15)(a), the Commission shall have the authority to, at the RMD's expense, secure the RMD, and after a period of 30 calendar days, seize and destroy the inventory and equipment and contract for the storage of RMD records.

(16) Access to the Commission, Emergency Responders, and Law Enforcement.

(a)The following individuals shall have access to an RMD or RMD transportation vehicle:

1. Representatives of the Commission as authorized by M.G.L. c. 94I, and 935 CMR 501.000;
2. Commission designee(s); and
3. Emergency responders while responding to an emergency.

(b) 935 CMR 501.000 shall not be construed to prohibit access to authorized law enforcement personnel or local public health, inspectional services, acting within their lawful jurisdiction.

(17) Liability Insurance Coverage or Maintenance of Escrow.

(a) An RMD shall obtain and maintain general liability insurance coverage for no less than $1,000,000 per occurrence and $2,000,000 in aggregate, annually, and product liability insurance coverage for no less than $1,000,000 per occurrence and $2,000,000 in aggregate, annually, except as provided in 935 CMR 501.105(17)(b). The deductible for each policy shall be no higher than $5,000 per occurrence.

(b) An RMD that documents an inability to obtain minimum liability insurance coverage as required by 935 CMR 501.105(17)(a) may place in escrow a sum of no less than $250,000, to be expended for coverage of liabilities.

(c) The escrow account required pursuant to 935 CMR 501.105(17)(b) must be replenished within ten business days of any expenditure.

(d) Reports documenting compliance with 935 CMR 501.105(17) shall be made in a manner and form determined by the Commission pursuant to 935 CMR 501.105(17).

501.110: Security Requirements for Registered Marijuana Dispensaries

(1) General Requirements. An RMD shall implement sufficient security measures to deter and prevent unauthorized entrance into areas containing marijuana and theft of marijuana at the RMD. Security measures to protect the premises, registered qualifying patients, personal caregivers, and RMD agents of the RMD must include, but are not limited to, the following. The RMD must:

501.110: continued

(a) Allow only registered qualifying patients, personal caregivers, RMD agents, persons authorized by 935 CMR 501.105(16) and, subject to the requirements of 935 CMR 501.110(3)(d), outside vendors, contractors, and visitors, access to the RMD;
(b) Prevent individuals from remaining on the premises of the RMD if they are not engaging in activity expressly or by necessary implication permitted by M.G.L. c. 94I, and 935 CMR 501.000;
(c) Dispose of marijuana in accordance with 935 CMR 501.105(10), in excess of the quantity required for normal, efficient operation as established in 935 CMR 501.105(7)(a);
(d) Establish limited access areas accessible only to specifically authorized personnel, which shall include only the minimum number of employees essential for efficient operation;
(e) Store all finished marijuana in a secure, locked safe or vault and in such a manner as to prevent diversion, theft, and loss;
(f) Keep all safes, vaults, and any other equipment or areas used for the production, cultivation, harvesting, processing, or storage of marijuana and MIPs securely locked and protected from entry, except for the actual time required to remove or replace marijuana;
(g) Keep all locks and security equipment in good working order;
(h) Prohibit keys, if applicable, from being left in the locks, or stored or placed in a location accessible to persons other than specifically authorized personnel;
(i) Prohibit accessibility of security measures, such as combination numbers, passwords, or electronic or biometric security systems, to persons other than specifically authorized personnel;
(j) Ensure that the outside perimeter of the RMD is sufficiently lit to facilitate surveillance;
(k) Ensure that trees, bushes, and other foliage outside of the RMD do not allow for an individual or individuals to conceal themselves from sight;
(l) Develop emergency policies and procedures for securing all product following any instance of diversion, theft, or loss of marijuana, and conduct an assessment to determine whether additional safeguards are necessary;
(m) Develop sufficient additional safeguards as required by the Commission for RMDs that present special security concerns; and
(n) The property where the proposed RMD is to be located, at the time the license application is received by the Commission, is not located within 500 feet of a preexisting public or private school providing education in kindergarten or any of grades one through 12, unless a city or town adopts an ordinance or by law that reduces the distance requirement. The distance under 935 CMR 501.110(1)(n) shall be measured in a straight line from the nearest point of the property line in question to the nearest point of the property line where the RMD is or will be located.

(2) Alternate Security Provisions. If an RMD has provided other safeguards that can be regarded as an adequate substitute for a security requirement specified in 935 CMR 501.110, such added protection may be considered by the Commission in evaluating overall required security measures.

(3) Limited Access Areas.
(a) All limited access areas must be identified by the posting of a sign that shall be a minimum of 12" x 12" and which states: "Do Not Enter - Limited Access Area - Access Limited to Authorized Personnel Only" in lettering no smaller than one inch in height.
(b) All limited access areas shall be clearly described by the filing of a diagram of the registered premises, in the form and manner determined by the Commission, reflecting walls, partitions, counters, and all areas of entry and exit. Said diagram shall also show all

propagation, vegetation, flowering, processing, production, storage, disposal, and retail sales areas.

(c) Access to limited access areas shall be limited to persons that are essential to operations in these areas and specifically permitted by the RMD, representatives of the Commission acting in accordance with their authority under the adult-use, medical-use and colocated-operations laws; Commission designee(s); and law enforcement authorities and emergency responders acting within their lawful jurisdiction.

501.110: continued

(d) An RMD agent shall visibly display an identification badge issued by the RMD or the Commission at all times while at the RMD or transporting marijuana.
(e) All outside vendors, contractors, and visitors must obtain a visitor identification badge prior to entering a limited access area, and shall be escorted at all times by an RMD agent authorized to enter the limited access area. The visitor identification badge must be visibly displayed at all times while the visitor is in any limited access area. All visitors must be logged in and out, and that log shall be available for inspection by the Commission at all times. All visitor identification badges shall be returned to the RMD upon exit.

(4) Security and Alarm Systems.
(a) An RMD shall have an adequate security system to prevent and detect diversion, theft, or loss of marijuana or unauthorized intrusion, utilizing commercial grade equipment, which shall, at a minimum, include:
1. A perimeter alarm on all entry and exit points and perimeter windows;
2. A failure notification system that provides an audible, text, or visual notification of any failure in the surveillance system. The failure notification system shall provide an alert to designated employees of the RMD within five minutes after the failure, either by telephone, email, or text message;
3. A duress alarm, panic alarm, or holdup alarm connected to local public safety or law enforcement authorities;
4. Video cameras in all areas that may contain marijuana, at all points of entry and exit, and in any parking lot, which shall be appropriate for the normal lighting conditions of the area under surveillance. The cameras shall be directed at all safes, vaults, sales areas, and areas where marijuana is cultivated, harvested, processed, prepared, stored, handled, or dispensed. Cameras shall be angled to allow for the capture of clear and certain identification of any individual entering or exiting the RMD or area;
5. 24-hour recordings from all video cameras that are available for immediate viewing by the Commission upon request and that are retained for at least 90 calendar days. Recordings shall not be destroyed or altered, and shall be retained as long as necessary if the RMD is aware of a pending criminal, civil, or administrative investigation, or legal proceeding for which the recording may contain relevant information;
6. The ability to immediately produce a clear, color, still photo (live or recorded);
7. A date and time stamp embedded on all recordings. The date and time shall be synchronized and set correctly and shall not significantly obscure the picture;
8. The ability to remain operational during a power outage; and
9. A video recording that allows for the exporting of still images in an industry standard image format, including .jpg, .bmp, and .gif. Exported video shall have the ability to be archived in a proprietary format that ensures authentication of the video and guarantees that no alteration of the recorded image has taken place. Exported video shall be able to be saved in an industry standard file format that can be played on a standard computer operating system. All recordings shall be erased or destroyed prior to disposal.
(b) All security system equipment and recordings shall be maintained in a secure location to prevent theft, loss, destruction, and alterations.
(c) In addition to the requirements listed in 935 CMR 501.110(4)(a) and (b), the RMD shall have a back-up alarm system, with all capabilities of the primary system, provided by a company supplying commercial grade equipment, which shall not be the same company supplying the primary security system, or shall demonstrate to the Commission's satisfaction alternate safeguards to ensure continuous operation of a security system.
(d) Access to surveillance areas shall be limited to persons that are essential to surveillance

operations, law enforcement authorities acting within their lawful jurisdiction, security system service personnel, representatives of the Commission as authorized by M.G.L. c. 94I, and 935 CMR 501.000, and Commission designee(s).

(e) A current list of authorized employees and service personnel that have access to the surveillance room must be available to the Commission upon request. If on-site, surveillance rooms shall remain locked and shall not be used for any other function.

(f) All security equipment shall be in good working order and shall be inspected and tested at regular intervals, not to exceed 30 calendar days from the previous inspection and test.

501.110: continued

(5) Registered Marijuana Dispensary Transportation of Marijuana and MIPs.

(a) Unless otherwise authorized by the Commission, only an RMD agent may transport marijuana or MIPs on behalf of an RMD, between RMDs, RMD sites, or to registered qualifying patients or personal caregivers. Unless otherwise authorized by the Commission, only an RMD agent or laboratory agent may transport marijuana or MIPs between an independent testing laboratory and RMDs.

(b) An RMD and independent testing laboratory shall:

1. Weigh, inventory, and account for on video all marijuana to be transported prior to its leaving the origination location;

2. Re-weigh, re-inventory, and account for on video all marijuana transported within eight hours after arrival at the destination RMD or independent testing laboratory, except in the case of transport from an RMD for delivery pursuant to 935 CMR 501.110(5)(k);

3. Document and report any unusual discrepancy in weight or inventory to the Commission and local law enforcement within 24 hours;

4. Complete a shipping manifest in a form and manner determined by the Commission, for retention by the origination location, and carry a copy of said manifest with the products being transported; and

5. Securely transmit a copy of the manifest to the destination prior to transport except in the case of home delivery pursuant to 935 CMR 501.110(5)(k).

(c) An RMD and independent testing laboratory shall retain all shipping manifests for no less than one year and make them available to the Commission upon request.

(d) An RMD and independent testing laboratory shall ensure that marijuana is:

1. Transported in a secure, locked storage compartment that is part of the vehicle transporting the marijuana;

2. Not visible from outside the vehicle; and

3. Transported in a vehicle that bears no markings that indicate that the vehicle is being used to transport marijuana nor indicates the name of the RMD or independent testing laboratory.

(e) Any vehicle transporting marijuana shall travel directly from origination to destination and shall not make any stops except in the case of delivery pursuant to 935 CMR 501.110(5)(k). In case of an emergency stop, a detailed log must be maintained describing the reason for the event, the duration, the location, and any activities of personnel exiting the vehicle.

(f) An RMD shall ensure that all delivery times and routes are randomized.

(g) An RMD shall staff all transport vehicles with a minimum of two dispensary or laboratory agents. At least one dispensary or laboratory agent shall remain with the vehicle at all times that the vehicle contains marijuana.

(h) Each dispensary or laboratory agent shall have access to a secure form of communication with personnel at the sending site at all times that the vehicle contains marijuana.

(i) Each dispensary or laboratory agent shall carry his or her Commission-issued registration card at all times when transporting marijuana and shall produce it to the Commission's authorized representative or law enforcement official upon request.

(j) An RMD or independent testing laboratory shall report to the Commission and local law enforcement any vehicle accidents, diversions, losses, or other reportable incidents pursuant to 935 CMR 501.110(6), that occur during transport, within 24 hours.

(k) Delivery of marijuana to the primary residence of a registered qualifying patient or a personal caregiver or to the caregiving institution of a registered qualifying patient shall be conducted in accordance with 935 CMR 501.105(6) and 935 CMR 501.110(5).

(l) Each vehicle used for transport of marijuana shall have a global positioning system monitoring device that is:

1. not a mobile device that is easily removable;
2. attached to the vehicle at all times that the vehicle contains MIPs;
3. monitored by the RMD or independent laboratory during transport of MIPs; and
4. inspected by the Commission prior to initial transportation of MIPs, and after any alteration to the locked storage compartment.

501.110: continued

(6) Incident Reporting.

(a) An RMD shall immediately notify appropriate law enforcement authorities and the Commission within 24 hours after discovering the following:

1. Discrepancies identified during inventory, diversion, theft, loss, and any criminal action involving the RMD or an RMD agent;
2. Any suspicious act involving the sale, cultivation, distribution, processing, or production of marijuana by any person;
3. Unauthorized destruction of marijuana;
4. Any loss or unauthorized alteration of records related to marijuana, registered qualifying patients, personal caregivers, or RMD agents;
5. An alarm activation or other event that requires response by public safety personnel;
6. The failure of any security alarm system due to a loss of electrical power or mechanical malfunction that is expected to last longer than eight hours; and
7. Any other breach of security.

(b) An RMD shall, within ten calendar days, provide written notice to the Commission of any incident described in 935 CMR 501.110(6)(a), by submitting an incident report in the form and manner determined by the Commission which details the circumstances of the event, any corrective actions taken, and confirmation that the appropriate law enforcement authorities were notified.

(c) All documentation related to an incident that is reportable pursuant to 935 CMR 501.110(6)(a) shall be maintained by an RMD for no less than one year and made available to the Commission and to law enforcement authorities acting within their lawful jurisdiction upon request.

(7) An RMD must, on an annual basis, obtain at its own expense a security system audit by a vendor approved by the Commission. A report of such audit must be submitted, in a form and manner determined by the Commission, no later than 30 calendar days after the audit is conducted. If the audit identifies concerns related to the RMD's security system, the RMD must also submit a plan to mitigate those concerns within ten business days of submitting the audit.

501.200: Confidentiality

(1) Information held by the Commission about applicants for registration as a qualifying patient, personal caregiver, or RMD agent, and registered qualifying patients, personal caregivers, and RMD agents is confidential and exempt from the provisions of M.G.L. c. 66.

(2) Information held by the Commission about applicants for registration as a qualifying patient, personal caregiver, or RMD agent, and registered qualifying patients, personal caregivers, and RMD agents may be released by the Commission to:

(a) The data subject or the data subject's authorized representative, pursuant to M.G.L. c. 66A;

1. Commission staff for the purpose of carrying out their official duties;
2. Commission designee(s);
3. An individual or entity pursuant to an order from a court of competent jurisdiction;
4. Law enforcement personnel for the sole purpose of verifying a cardholder's registration and certification;
5. The Board of Registration in Medicine when necessary in connection with referrals to said Board concerning violations of 935 CMR 501.000; and
6. Other government officials and agencies acting within their lawful jurisdiction.

(3) Applications, supporting information, and other information regarding an RMD are not confidential, provided however, that the following is confidential and exempt from the provisions of M.G.L. c. 66:

501.200: continued

(a) Information that identifies a specific registered qualifying patient, personal caregiver, or registered RMD agent; and
(b) Information held by the Commission about RMD physical layout, as well as policies, procedures, practices, and plans pertaining to security.

(4) Information held by an RMD about registered qualifying patients, personal caregivers, and RMD agents is confidential and shall not be disclosed without the written consent of the individual to whom the information applies, or as required under law or pursuant to an order from a court of competent jurisdiction, provided however, the Commission may access this information to carry out official duties.

501.300: Inspection of Registered Marijuana Dispensaries

(1) The Commission agents or designee(s) may inspect an RMD and affiliated vehicles at any time without prior notice in order to determine the RMD's compliance with M.G.L. c. 94I, and 935 CMR 501.000. All areas of an RMD, all RMD agents and activities, and all records are subject to such inspection. Acceptance of a certificate of registration by an RMD constitutes consent for such inspection.

(2) An RMD shall immediately upon request make available to the Commission agents or designees all information that may be relevant to a Commission inspection, or an investigation of any incident or complaint.

(3) An RMD shall make all reasonable efforts to facilitate the Commission agent's or designee's inspection, or investigation of any incident or complaint, and to facilitate the Commission agent's or designee's interviews of RMD agents.

(4) An inspection or other investigation may be made prior to the issuance of a certificate of registration or renewal of registration. Additional inspections may be made whenever the Commission deems it necessary for the enforcement of M.G.L. c. 94I, and 935 CMR 501.000.

(5) During an inspection, the Commission agents or designees may direct an RMD to test marijuana for contaminants as specified by the Commission including, but not limited to, mold, mildew, heavy metals, and the presence of pesticides not approved for use on marijuana by the Massachusetts Department of Agricultural Resources.

501.305: Deficiency Statements

After an inspection in which a violation of 935 CMR 501.000 is observed or a violation is otherwise determined to have occurred, the Commission shall issue a Deficiency Statement citing every violation identified, a copy of which shall be left with or sent to the RMD.

501.310: Plan of Correction

(1) An RMD shall submit to the Commission a written Plan of Correction for any violations cited in the Deficiency Statement issued pursuant to 935 CMR 501.305 within ten business days after receipt of the Deficiency Statement.
(2) Every Plan of Correction shall state, with respect to each deficiency, the specific corrective step(s) to be taken, a timetable for such steps, and the date by which compliance with 935 CMR 501.000 will be achieved. The timetable and the compliance dates shall be consistent with

achievement of compliance in the most expeditious manner possible.
(3) The Commission shall review the Plan of Correction for compliance with the requirements of 935 CMR 501.000 and shall notify the RMD of either the acceptance or rejection of the plan. An unacceptable plan must be amended and resubmitted within five business days after receipt of such notice.

501.400: Registered Marijuana Dispensary: Grounds for Denial of Initial Application for Registration

Each of the following, in and of itself, constitutes full and adequate grounds for denying the initial application for an RMD registration.

(1) Information provided by the applicant was misleading, incorrect, false, or fraudulent.

(2) The application received a low evaluation, indicating the inability to maintain and operate an RMD in compliance with the requirements of M.G.L. c. 94I, and 935 CMR 501.000.

(3) The application received a lower evaluation than other applications.

(4) The applicant has been determined to be either not responsible or suitable pursuant to any one or more of the factors listed in 935 CMR 501.100(2)(c)13.

(5) The application does not serve the needs of the Commonwealth with regard to location, access, quality, and community safety.

(6) Any other ground that serves the purposes of M.G.L. c. 94I or 935 CMR 501.000

501.405: Registered Marijuana Dispensary Registration: Grounds for Denial of Renewal Applications and Revocation

Each of the following, in and of itself, constitutes full and adequate grounds for denying the renewal application for registration or revoking registration.

(1) The RMD is not operational within the time indicated pursuant to 935 CMR 501.100(4).

(2) Information provided by the RMD was materially inaccurate, incomplete, or fraudulent.

(3) The RMD has failed to comply with any requirement of M.G.L. c. 94I or 935 CMR 501.000 or any applicable law or regulation, including laws and regulations of the Commonwealth relating to taxes, child support, workers compensation, and professional and commercial insurance coverage.

(4) The RMD has failed to submit a Plan of Correction as required or to implement a Plan of Correction as submitted pursuant to 935 CMR 501.310.

(5) The RMD has assigned or attempted to assign its certificate of registration to another entity.

(6) There has been a lack of responsible operation of the RMD, as shown by, but not limited to, one or more of the following:

(a) Incompetent or negligent operation;
(b) Failure to maintain the RMD in a clean, orderly, and sanitary fashion; or
(c) Permitting an individual to use a registration card belonging to a different individual.

(7) The RMD does not have sufficient financial resources to meet the requirements of M.G.L. c. 94I or 935 CMR 501.000.

(8) The financial management of the RMD has resulted in the filing of a petition for bankruptcy or receivership related to the financial solvency of the RMD.

(9) An executive of an RMD, or a member, if any, of the entity, has maintained a substandard level of compliance with the statutory and regulatory requirements for the operation of a healthcare facility or facility for providing marijuana for medical purposes in another jurisdiction including, but not limited to, failure to correct deficiencies, a limitation upon or a suspension, revocation, or refusal to grant or renew a registration or license to operate, or certification for Medicaid or Medicare.

501.405: continued

(10) An RMD agent that has a history of criminal conduct as evidenced by any criminal proceedings against such individual or against healthcare facilities or marijuana facilities in which such individual either owned shares of stock or served as a corporate officer, and which resulted in conviction, guilty plea, plea of *nolo contendere*, or admission to sufficient facts.

(11) An executive of an RMD, or a member, if any, of the entity, has committed, permitted, aided, or abetted any illegal practices in the operation of any RMD.

(12) The RMD has failed to cooperate or give information to a law enforcement official acting within his or her lawful jurisdiction related to any matter arising out of conduct at any RMD.

(13) The conduct or practices of the RMD have been detrimental to the safety, health, or welfare of registered qualified patients, personal caregivers, or the public.

(14) The conduct and/or practices of the RMD demonstrate a lack of responsibility or suitability as specified in 935 CMR 501.100(2)(c).

(15) Any other ground that serves the purposes of M.G.L. c. 94I or 935 CMR 501.000.

501.410: Void Registered Marijuana Dispensary Registration

An RMD registration is void if the RMD transfers its location without Commission approval or ceases to operate.

501.415: Registered Marijuana Dispensary Registration: Limitation of Sales by Registered Marijuana Dispensaries

(1) If the Commission determines that an RMD does not substantially comply with applicable provisions of M.G.L. c. 94I or 935 CMR 501.000, the Commission may order that the RMD shall not sell marijuana, after a date specified, to registered qualifying patients or their personal caregivers.

(2) The Commission shall not make such a determination until an RMD has been notified that the RMD does not substantially comply with applicable provisions of M.G.L. c. 94I or 935 CMR 501.000, that an order to limit sales is contemplated, and that the RMD has a reasonable opportunity to correct the deficiencies.

(3) An order that an RMD shall not sell marijuana pursuant to 935 CMR 501.415(1) may be rescinded when the Commission finds that the RMD is in substantial compliance with the applicable provisions of 935 CMR 501.000.

501.420: Denial of a Registration Card or Hardship Cultivation Registration

Each of the following, in and of itself, constitutes full and adequate grounds for denial of a temporary or an annual registration card for a registered qualifying patient or personal caregiver, or a registration card for a RMD agent, or a hardship cultivation registration:

(1) Failure to provide the information required in 935 CMR 501.000 for a registration card or hardship cultivation registration;

(2) Provision of misleading, incorrect, false, or fraudulent information on the application;

(3) Failure to meet the requirements set forth in 935 CMR 501.000 for a registration card or hardship cultivation registration;

501.420: continued

(4) Revocation or suspension of a registration card or hardship cultivation registration in the previous six months;

(5) Failure to pay all applicable fees; or

(6) Any other ground that serves the purposes of M.G.L. c. 94I or 935 CMR 501.000.

501.425: Revocation of a Registration Card or Hardship Cultivation Registration

(1) Each of the following, in and of itself, constitutes full and adequate grounds for revocation of a temporary or an annual registration card issued to a registered qualifying patient or personal caregiver or a registration card issued to a RMD agent, laboratory agent or a hardship cultivation registration:

(a) Submission of misleading, incorrect, false, or fraudulent information in the application or renewal application;

(b) Violation of the requirements of M.G.L. c. 94I or 935 CMR 501.000;

(c) Fraudulent use of a registration card;

(d) Selling, distributing, or giving marijuana to any unauthorized person;

(e) Tampering, falsifying, altering, modifying, duplicating, or allowing another person to use, tamper, falsify, alter, modify, or duplicate a registration card or hardship cultivation registration;

(f) Failure to notify the Commission within five business days after becoming aware that the registration card has been lost, stolen, or destroyed; or

(g) Failure to notify the Commission within five business days after a change in the registration information contained in the application or required by the Commission to have been submitted in connection therewith.

(2) In addition to the grounds in 935 CMR 501.425(1), each of the following, in and of itself, shall be adequate grounds for the revocation of a Patient Registration Card:

(a) The qualifying patient is no longer a resident of the Commonwealth;

(b) The qualifying patient, taking into account the amounts of marijuana or MIPs obtained by his or her personal caregiver if applicable, seeks to obtain or obtains more of such amounts than is allowable under 935 CMR 501.105(6)(b); or

(c) The qualifying patient has used marijuana in a manner that puts others at risk of their health, safety, or welfare, or has failed to take reasonable precautions to avoid putting others at such risk.

(3) In addition to the grounds in 935 CMR 501.425(1), a conviction of a felony drug offense in the Commonwealth, or a like violation of the laws of another state, the United States or a military, territorial, or Indian tribal authority shall be adequate grounds for the revocation of an RMD agent's registration card.

(4) In addition to the grounds in 935 CMR 501.425(1), the purchase of marijuana from an RMD by a registered qualifying patient with a hardship cultivation registration, or his or her personal caregiver, shall be adequate grounds for the revocation of a hardship cultivation registration.

(5) In addition to the applicable grounds in 935 CMR 501.425(1) through (3), any other ground that serves the purposes of M.G.L. c. 94I or 935 CMR 501.000 shall be sufficient to revoke a registration card or hardship cultivation registration.

501.430: Revocation of a Certifying Healthcare Provider Registration

Each of the following, in and of itself, constitutes full and adequate grounds for revoking a certifying healthcare provider registration:

501.430: continued

(1) The certifying healthcare provider fraudulently issued a written certification;

(2) The certifying healthcare provider failed to comply with the requirements of M.G.L. c. 94I, or any applicable provisions of 935 CMR 501.000; or any applicable provisions of 935 CMR 502.000;

(3) The certifying healthcare provider issued a written certification on or after July 1, 2014, without completion of continuing professional development credits pursuant to 935 CMR 501.010(1); or

(4) Any other ground that serves the purposes of M.G.L. c. 94I or 935 CMR 501.000.

501.435: Void Certifying Physician Registration

(1) When a certifying healthcare provider's license to practice medicine or nursing, as applicable, in Massachusetts is no longer active, or is suspended, revoked, or restricted with regard to prescribing, or the certifying healthcare provider has voluntarily agreed not to practice medicine, or nursing, in Massachusetts, as applicable, or the certifying healthcare provider's Massachusetts controlled substances registration is suspended or revoked, the certifying healthcare provider's registration to certify a debilitating medical condition for a qualifying patient is immediately void.

(2) When a certifying healthcare provider surrenders his or her registration, the registration is void.

(3) A void certifying healthcare provider registration is inactive and invalid.

501.440: Void Registration Cards

(1) A registration card validly issued prior to the Program Transfer shall be void on the issuance of a new registration card.

(2) A registration card issued to an RMD agent shall be void when the agent has ceased to be associated with the RMD that applied for and received the RMD agent's registration card.

(3) A Patient Registration Card, including a hardship cultivation registration, shall be void when:

(a) The card has not been surrendered upon the issuance of a new registration card based on new information;
(b) The qualifying patient is no longer a resident of Massachusetts; or
(c) The patient is deceased.

(4) A Personal Caregiver Registration Card is void:

(a) When the registered qualifying patient has notified the Commission that the individual registered as the personal caregiver is no longer the personal caregiver for that patient;
(b) When the sole registered qualifying patient for whom the personal caregiver serves as such is no longer registered with the Commission; or
(c) Five days after the death of the registered qualifying patient to allow for appropriate disposal of marijuana pursuant to 935 CMR 501.105(10)(d).

(5) A void temporary or an annual registration card is inactive and invalid.

501.445: Summary Cease and Desist Order and Quarantine Order

A summary cease and desist order or quarantine order may be imposed by the Commission prior to a hearing, in order immediately to stop or restrict operations by an RMD, to protect the public health, safety, or welfare. The Commission may rescind or amend a summary cease and desist order or quarantine order.

(1) If, based upon inspection, affidavits, or other evidence, the Commission determines that an RMD or the products prepared by an RMD pose an immediate or serious threat to the public health, safety, or welfare, the Commission may:

(a) Issue a cease and desist order and/or quarantine order, requiring cessation or restriction of any or all RMD operations, and prohibiting the use of marijuana produced by that RMD; or

(b) Issue a cease and desist order placing restrictions on an RMD, to the extent necessary to avert a continued threat, pending final investigation results.

(2) The requirements of the cease and desist order or the quarantine order shall remain in effect until the Commission rescinds or amends such requirements or until the Commission takes final action on any related pending complaint and issues a final decision.

501.450: Summary Suspension Order

The Commission may summarily suspend any registration card or certificate of registration issued pursuant to 935 CMR 501.000, pending further proceedings for denial of renewal or revocation of a registration, whenever the Commission finds that the continued registration poses an imminent danger to the public health, safety, or welfare.

501.500: Administrative Review: Non-selection of a Registered Marijuana Dispensary's Application for Initial Registration

(1) The Commission shall provide written notice of non-selection to an applicant.

(2) Applicants may request copies of the evaluation scores and any documentation supporting the evaluation process for all applications.

(3) The written notice of non-selection becomes final agency action ten business days after issuance, subject to judicial review in Superior Court in an action for *certiorari* relief under M.G.L. c. 249, § 4, unless the applicant submits a request pursuant to 935 CMR 501.500(2).

(4) If an applicant submits a request pursuant to 935 CMR 501.500(2), the written notice of non-selection becomes final upon provision of the requested written documentation.

(5) No entity whose application has been denied pursuant to 935 CMR 501.400 may make another application for at least one year after the date of denial.

501.505: Hearings

(1) Upon written request filed with the Commission no later than 28 calendar days after the effective date of a summary cease and desist order or quarantine order issued pursuant to 935 CMR 501.445, a registrant shall be afforded a hearing. At the hearing, the Commission must prove by a preponderance of the evidence that there existed immediately prior to, or at the

time of the order, an immediate or serious threat to the public health, safety, or welfare.

(2) Upon written request filed with the Commission no later than 14 calendar days after the effective date of a summary suspension order issued pursuant to 935 CMR 501.450. a registrant shall be afforded a hearing. At the hearing, the Commission must prove by a preponderance of the evidence that there existed immediately prior to, or at the time of the suspension, an imminent danger to the public health, safety, or welfare.

501.505: continued

(3) With the exception of the provisions for cease and desist orders and quarantine orders pursuant to 935 CMR 501.445, and summary suspension orders pursuant to 935 CMR 501.450, the Commission shall provide written notice, and shall provide a hearing if a hearing is requested in writing within 21 calendar days, or as soon as is practicable, after the effective date stated in the notice, prior to:

(a) Denying a renewal application for a registration card;
(b) Revoking a temporary or an annual registration card for a registered qualifying patient, personal caregiver, or a registration card for a RMD agent;
(c) Denying a renewal application for or revoking a hardship cultivation registration;
(d) Denying a renewal application of an RMD;
(e) Revoking the registration certificate of an RMD;
(f) Limiting sales of marijuana by an RMD; or
(g) Revoking a certifying physician registration.

(4) The written notice shall provide the registrant with a statement of the grounds for the action and of the right to request a hearing and the time-period for such request.

(5) If a request for a hearing is made, the hearing shall be conducted and a tentative decision issued by the Commission or its delegated decision maker, in accordance M.G.L. c. 30A and 801 CMR 1.02: *Informal/Fair Hearing Rules.*

(6) At the hearing, the Commission must prove the basis for the action by a preponderance of the evidence. If, at the hearing, the decision maker, *i.e*., the Commission, a Hearing Officer, Magistrate or Presiding Officer, finds any single grounds for revocation, suspension, limitation of sales of marijuana, denial of any application, or refusal to renew any application, the decision maker shall render a decision affirming the action initiated by the Commission. The decision maker shall forward a recommended decision to the Commission for its consideration.

(7) A final decision by the Commission, after a hearing, is a final agency action subject to judicial review in Superior Court pursuant to M.G.L. c. 30A.

(8) If a hearing pursuant to 935 CMR 501.505 is not requested within the required time, the right to a hearing is waived.

501.510: Effect of Denial of Renewal or Revocation of Registered Marijuana Dispensary Registration, Revocation of RMD Agent Registration, and Surrender of a Registration

(1) An RMD that had its application for renewal registration denied or its registration revoked is disqualified from future registration as an RMD. The Commission may consider this action in any proceedings under 935 CMR 500.000: *Adult Use of Marijuana*, or 502.000: *Colocated Adult-use and Medical-use Marijuana Operations*.

(2) An RMD agent whose registration card has been revoked is disqualified from serving as an RMD agent or from having any financial interest in an RMD. The Commission may consider this action in any proceedings under 935 CMR 500.000: *Adult Use of Marijuana, or 502.000: Colocated Adult-use and Medical-use Marijuana Operations*.

(3) The surrender of a certificate of registration or a registration card shall not prevent the Commission from revoking, or imposing other penalties with respect to, such certificate of registration or registration card.

501.600: Municipal Requirements

(1) An RMD and other registered persons shall comply with all local rules, regulations, ordinances, and bylaws.

(2) The Commission does not mandate any involvement by municipalities or local boards of health in the regulation of RMDs, qualifying patients with hardship cultivation registrations, or any other aspects of marijuana for medical use. However, nothing in 935 CMR 501.000 shall be construed to prohibit lawful local oversight and regulation, including fee requirements, that does not conflict or interfere with the operation of 935 CMR 501.000.

501.650: Non-conflict with Other Law

(1) Nothing in 935 CMR 501.000 shall be construed to limit the applicability of other law as it pertains to the rights of landlords, employers, law enforcement authorities, or regulatory agencies.

(2) Nothing in 935 CMR 501.000:
(a) Allows the operation of a motor vehicle, boat, or aircraft while under the influence of marijuana;
(b) Requires any health insurance provider, or any government agency or authority, to reimburse any person for the expenses of the medical use of marijuana;
(c) Requires any healthcare professional to authorize the use of medical marijuana for a patient;
(d) Requires any accommodation of any on-site medical use of marijuana in any place of employment, school bus or on school grounds, in any youth center, in any correctional facility, or of smoking medical marijuana in any public place;
(e) Supersedes Massachusetts law prohibiting the possession, cultivation, transport, distribution, or sale of marijuana for nonmedical purposes; or
(f) Requires the violation of federal law or purports to give immunity under federal law;
(g) Poses an obstacle to federal enforcement of federal law.

(3) Nothing in 935 CMR 501.000 shall be construed to limit the scope of practice of a nurse practitioner pursuant to M.G.L. c. 112, § 80I.

501.700: Waivers

The Commission may waive the applicability of one or more of the requirements imposed by 935 CMR 501.000 upon finding that:

(1) If applicable, compliance would prevent licensed operations in accordance with 935 CMR 500.00: *Adult Use of Marijuana*, and 935 CMR 502:000: *Colocated Adult-use and Medical-use Marijuana Operation*s;

(2) Compliance would cause undue hardship to the requestor;

(3) If applicable, the requestor's noncompliance does not jeopardize the health or safety of any patient or the public;

(4) If applicable, the requestor has instituted compensating features that are acceptable to the Commission;

(5) The Commission may delegate its authority to the Executive Director to waive administrative regulatory requirements under either 935 CMR 500.000: *Adult Use of Marijuana* or 935 CMR 501.000. The Executive Director may determine the process or manner of the waiver process, including whether a registrant, licensee or applicant is required to request a waiver in writing.

(6) There can be no waiver of statutory requirements. A waiver of the regulatory requirements cannot pose a risk to the public health, safety or welfare.

501.800: Severability

The provisions of 935 CMR 501.000 are severable. If a court of competent jurisdiction declares any section, subsection, paragraph, or provision unconstitutional or invalid, the validity of the remaining provisions shall not be affected.

REGULATORY AUTHORITY

935 CMR 501.000: St. 2017, c. 55.

Town of Arlington, Massachusetts

Hemp Based CBD Oil

ATTACHMENTS:

	Type	File Name	Description
🗋	Reference Material	Hemp_Based_CBD_Memo.pdf	Hemp Based CBD Memo
🗋	Reference Material	MDAR_CBD_Hemp_Policy.pdf	MDAR CBD Hemp Policy

Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
Fax: (781) 316-3175

MEMO

To: Board of Health Members

From: Kylee Sullivan, Health Compliance Officer

Date: January 28, 2019

RE: Correspondence Received: Request for the Addition of Hemp Based CBD Oil in Food

Recently, the Health Department was contacted by a permitted Residential Kitchen operator to determine whether it is legal to add hemp based CBD oil to food product. The Department is looking to the Board for guidance on the regulation of hemp based CBD oil in food product.

Background:

On July 28, 2017, Governor Baker signed *H.3818, An Act to Ensure Safe Access to Marijuana*. This Act created a distinction between marijuana, hemp, and industrial hemp. With these distinctions, hemp can now legally grow commercially as industrial hemp or as part of an agricultural pilot program in the Commonwealth. Additionally, the Federal *2018 Farm Bill* removed hemp from the *Controlled Substances Act* enabling state-by-state regulation of the substance and declassifying it as illegal. Presently, MA Department of Agricultural Resources (MDAR) is the agency tasked with regulating hemp across the state. MDAR licenses hemp growers and processors (issuing two different processor licenses – extractor and manufacturer). However, at this time, MDAR does not issue retail hemp licenses.

After reaching out to various agencies, including MA Department of Public Health's Food Protection Program, the Cannabis Control Commission, MDAR, the Framingham Health Department, and MHOA, the Department has determined that there are many unknowns associated with the use of hemp based CBD oil in food product. A representative from MDAR informed the Department that if hemp based CBD oil was added to food product, the oil must be supplied by an in-state grower/processor. Due to set backs resulting from an insufficient hemp licensing program through MDAR, as well as a lack of health guidelines from the FDA, the Department was cautioned against approving the use of hemp based CBD oil in food product.

Attached please find the following documents:

1. Statement from FDA Commissioner Scott Gottlieb, M.D., on signing of the Agriculture Improvement Act and the agency's regulation of products containing cannabis and cannabis-derived compounds
2. FDA Responds to Three GRAS Notices for Hemp Seed-Derived Ingredients for Use in Human Food
3. MDAR Interim Policy – Commercial Industrial Hemp Program

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS

Department of Agricultural Resources
101 University Drive, Suite C-4, Amherst, MA 01002
413-548-1905 fax: 413-548-1901 www.mass.gov/agr

MDAR
MASSACHUSETTS DEPARTMENT OF AGRICULTURAL RESOURCES

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lt. Governor

MATTHEW A. BEATON
Secretary

JOHN LEBEAUX
Commissioner

Interim Policy
Commercial Industrial Hemp Program

Effective Date: April 30, 2018
Program Application: Commercial Growers and Processors of Industrial Hemp
Approved By: John Lebeaux, Commissioner
Authority: M.G.L. c. 128, Sections 116 through 123
Policy Number: 2018-1

On July 28, 2017, Governor Baker signed H. 3818, An Act to Ensure Safe Access to Marijuana ("Act"), which updates the Commonwealth's laws that governs the use of marijuana. This legislation also created a distinction between marijuana, Hemp and Industrial Hemp, allowing Hemp to be grown commercially for Industrial Hemp or as part of an Agricultural Pilot Program.

Through newly added Sections 116 through 123 of M.G.L. c. 128, the Massachusetts Department of Agricultural Resources ("Department") now has the authority to oversee Hemp and Industrial Hemp within the Commonwealth of Massachusetts.

Purpose

This document sets forth the Department's Commercial Industrial Hemp Program ("Program" or "Commercial Industrial Hemp Program") policy ("Policy") for the 2018 growing season. The Department will consider all permitted activities under this Policy as falling under the definition of "Industrial Hemp" in M.G.L. c. 128, Section 116. All references to "Hemp" or "Industrial Hemp" in this Policy shall mean Industrial Hemp. The Policy establishes the Department's expectations related to the commercial growing and processing of Industrial Hemp and provides information on how to become a licensed Grower and Processor. During the interim Policy period the Department is focusing on licensing requirements under M.G.L. c. 128, Section 118. All proposed commercial activities related to the growing and processing of Industrial Hemp will need to obtain a license under this Policy in order to be considered in compliance with M.G.L. c. 128, Sections 116 through 123. The Department will address activities that may solely require registration at a later date and will not be issuing any registrations at this time. If there is a question as to whether a proposed activity requires a license under M.G.L. c. 128, Section 118, please contact the Department to determine whether the activity falls under this Policy.

The Department will be promulgating regulations for future growing seasons after initiating stakeholder engagement and conducting the necessary public process to solicit input before final promulgation. This Policy will remain in place until such time as regulations are promulgated. While the Act and M.G.L. c. 128, Sections 116 through 123 authorize activities related to marijuana and Industrial Hemp in the Commonwealth, both are still considered illegal by the federal government as they remain Schedule I Controlled Substances under Title 21 of the Controlled Substances Act, 21 U.S.C. § 811. The only exception is for certain activities under Section 7606 of the 2014 Farm Bill (H.R. 2642), which allows for industrial hemp research conducted through state departments of agriculture and/or universities and institutions of higher education when the state has also authorized such activities. Section 7606 does not, however, allow for any activities related to marijuana or general commercial activities related to Industrial Hemp.

Table of Contents

This Policy contains the following sections:

Key Risks and Considerations

As noted above, while M.G.L. c. 128, Sections 116 through 123 authorize certain activities related to Industrial Hemp in the Commonwealth, such activities are still considered illegal by the federal government, with limited exceptions.[1]As a result, the Department encourages all potential Program participants to consider the following risks and considerations.

Risks

- If you currently participate in or receive assistance from any activities or programs that are provided by the federal government or that utilize federal funds (i.e., loans, insurance, grants, management plans, etc.), you may no longer be entitled to continue or benefit from such activities or programs by virtue of engaging in activities permitted under this Policy.
- If the property on which you intend to grow your Crop is subject to an Agricultural Preservation Restriction ("APR") that was acquired with federal funds or that contains language prohibiting activities in violation of federal law, your ability to engage in activities permitted under this Policy may be limited or prohibited, and your eligibility for technical assistance or grants may be similarly restricted.
- If the total number of acres you intend to use to grow your Crop is less than two (2) acres, you will not be afforded any zoning enforcement protections afforded to commercial agricultural activities under M.G.L. c. 40A, Section 3.
- If your Crop tests higher than 0.3% THC, you will run the risk of being subject to an order of destruction of the Crop.

Other Considerations

- In order to ensure a Department-approved end use for your Crop, you will need to determine such end use prior to applying for a license and may wish to consider entering into an agreement with a Processor prior to cultivation. A Processor may also want to consider entering into an agreement with a Grower.
- Because Hemp is a relatively new Crop with limited or varied information about it, especially for cultivation in Massachusetts, you may wish to consider and think carefully about agricultural factors that may be unique to this Crop, including climate, size of acres grown, Crop loss, and soil conditions, such as high metal content.

[1]Section 7606 of the 2014 Farm Bill recognizes the legitimacy of industrial hemp research conducted through state departments of agriculture and/or universities and institutions of higher education (as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001) or a State department of agriculture. It does not, however, allow for the general commercial growing of hemp or industrial hemp in the United States and views both as Schedule I Controlled Substances under Title 21 of the Controlled Substances Act.

- You should consider how the application of plant nutrients may be affected by regulations promulgated at 330 CMR 31.00.
- You should consider existing restrictions on the use of pesticides that may impact the ability to grow the Crop.
- You may wish to consider whether indoor or outdoor growing, or a combination of both, would be best suited to the type and volume of Crop required for your business needs.

All questions related to the Commercial Industrial Hemp Program or this Policy can be directed to the Department at 617-626-1700.

I. GENERAL INFORMATION

A. Definitions

As used in this Policy, the following words shall have the following meanings:

- Cannabidiol or CBD: One of the several compounds produced by cannabis plants that have medical effects.

- Cannabinoids: Any of several compounds produced by cannabis plants that have medical and psychotropic effects. This includes but is not limited to CBD and THC.

- Cannabinoid profile: The amounts expressed as the dry weight percentages, of delta-nine-tetrahydrocannabinol, Cannabidiol, tetrahydrocannabinolic acid and cannabidiolic acid in a Hemp product.

- Certificate: Documentation stating that the Department has sampled and tested the Crop and determined that the Crop demonstrates that it is at 0.3% THC or below.

- Commercial: Growing and/or Processing Industrial Hemp for sale. This excludes the growing of the Crop under the Agricultural Pilot Program.

- Crop: Hemp grown for the purposes of Industrial Hemp.

- Department: Massachusetts Department of Agricultural Resources.

- Extractor: A Processor that creates Industrial Hemp products from the Hemp plant. The Extractor will produce items such as fiber, seed, or oil from the plant.

- Grower: A person that cultivates Industrial Hemp.

- Harvest Form: A form required at least fourteen (14) days prior to harvest which includes location, variety and amount of Hemp produced, and an expected harvest or destruction date, whichever is applicable, and which allows the Department to coordinate with the Grower to schedule the required inspections and sampling required by M.G.L. c. 128, Section 122.

- Hemp: The plant of the genus cannabis and any part of the plant, whether growing or not, with a delta-9-tetrahydrocannabinol concentration that does not exceed 0.3 per cent on a dry weight basis or per volume or weight of marijuana product or the combined per cent of delta-9-tetrahydrocannabinol and tetrahydrocannabinolic acid in any part of the plant of the genus cannabis regardless of moisture content.

- Industrial Hemp: Hemp that is used exclusively for industrial purposes including, but not limited to, the fiber and seed. The Department will consider all permitted activities under this Policy as falling under the definition of "Industrial Hemp" in M.G.L. c. 128, Section 116. All references to "Hemp" or "Industrial Hemp" in this Policy shall mean Industrial Hemp.

- Manufacturer: A Processor that creates an end product that is packaged, labeled and ready for sale from Industrial Hemp including but not limited to cloth, infused products, building products, and edibles

- Person: A natural person, corporation, association, partnership or other legal entity.

- Planting Form: A form, required no later than ten (10) days after planting, that indicates the location, variety, source, intended use, and expected harvest date of the Crop along with an inventory of any remaining Hemp seeds that were not planted after acquisition, and associated plans for storage or transfer to another licensed Program participant.

- Processor: A person that converts Industrial Hemp into a marketable form, including through extraction or manufacturing.

- THC: Delta-9-tetrahydrocannabinol and tetrahydrocannabinolic acid.

- Volunteer Plant: Any cannabis plant which grows of its own accord from seeds or roots in the years following an intentionally planted cannabis crop. Volunteer plants are not intentionally planted.

B. Approved Uses for Industrial Hemp

Pursuant to M.G.L. c. 128, Section 117(c), Industrial Hemp shall only be used for the following: (i) research purposes; and (ii) Commercial purposes considered reasonable by the commissioner. The Department considers the following uses for Industrial Hemp as reasonable:

- Fiber
- Seed
- Hemp seed oil
- Cannabidiol (CBD) that is derived from a Crop that is certified by the Department as Industrial Hemp
- Seed for cultivation
- Seed, seed meal, and seed oil for consumption
- Other reasonable Commercial purposes approved in advance by the Department as consistent with the purposes of M.G.L. c. 128, Sections 116 through 123.

If a Grower or Processor would like to use Industrial Hemp for a purpose not listed in this Policy, the Grower must submit a written request for that use to the Department prior to engaging in the proposed use. The Department will review the request and make a written determination as to whether the proposed use satisfies this Policy.

C. Application Requirements and Process for a Licensed Industrial Hemp Grower or Processor

At this time, any Person proposing to engage in the planting, growing, harvesting, possession, processing or selling of Industrial Hemp must obtain a license issued by the Department, depending on the type of activity.

Licenses

1. Licenses are required for both Growers and Processors prior to engaging in any activity authorized by M.G.L. c. 128, Sections 118 through 123 or this Policy. A Grower is defined as a Person who is cultivating the Crop and Processors are separated into two different categories: Extractor; and/or Manufacturer. Each applicant for a Commercial Industrial Hemp Grower or Processor license shall submit to the Department, in a form and manner determined by the Department, a complete application, which includes the following information:
    i. Full name and address of applicant(s);
    ii. Name and address of the Industrial Hemp operation;
    iii. GPS coordinates provided in decimal degrees taken at the approximate center of the growing field or building entrance; A map of the growing or processing area illustrating clear boundaries;
    iv. If Industrial Hemp is cultivated in a field, the area in acres of each field;
    v. If Industrial Hemp is cultivated in a greenhouse or other building, the approximate dimension or square feet of the growing area
    vi. Written consent by the applicant to the Department to conduct inspections, sampling, and testing under the terms of this policy;
    vii. A non-refundable application fee in an amount which shall be established by the commissioner and;
    viii. Any other information reasonably requested by the Department to fulfill its oversight obligations pursuant to M.G.L. c. 128, Sections 118 through 123.

In addition to the application form, each applicant shall submit a nonrefundable application fee. If the application fee does not accompany the application, the license application will be deemed incomplete and will not be processed until such time as the fee is received. If an application is approved, an additional license fee shall also be required prior to issuance of a Grower or Processor license. All licenses will expire on December 31st of the year it was issued.

Upon the approval of an application for a Grower or Processor license, the Department will notify the state police as well as local police in the municipality where the Crop will be grown. This notification will include the address and GPS coordinates of the Crop. The Department will also notify the chief administrative or executive officer[2] in the municipality where the Crop will be grown or processed in order to answer any questions or concern that they may have relative to the program. The licensee's address and security schematic or global positioning system coordinates that are provided to the chief administrator/executive offer and police shall not be subject to public disclosure as set forth in M.G.L. c 128, Section 118 and any transmittal of this information from the Department shall include the fact that it is exempt from public disclosure by statute.

2. Grower/Processor Dual License: A Person proposing to participate in growing and processing activities may apply for a Grower/Processor license and fill out the appropriate application form and submit the appropriate application and license fees.

[2] "Chief administrative officer," when used in connection with the operation of municipal governments, shall include the mayor of a city and the board of selectmen in a town unless some other local office is designated to be the chief administrative officer under the provisions of a local charter…'Chief executive officer', when used in connection with the operation of municipal governments shall include the mayor in a city and the board of selectmen in a town unless some other municipal office is designated to be the chief executive officer under the provisions of a local charter." *See* M.G.L. c. 4, Section 7.

Fee Schedule applicable to Grower and Processor Licenses[3]

Industry	**Type**	**Fee**
Grower	License Application Fee	$100 non-refundable (annual)
Processor (Extractor, Manufacturer or both)	License Application Fee	$100 non-refundable (annual)
Grower & Processor	License Application Fee	$100 non-refundable (annual)
Grower	License	$300 (annual)
Processor	License	$300 (annual)
Grower & Processor	License	$500 (annual)

3. Approval/Denial of license application; Renewal

Pursuant to M.G.L. c. 128, Section 119, the Department shall grant or deny a license application after reviewing and ensuring all statutory and Policy requirements have been met. Any applicant denied a license or license renewal may appeal no later than twenty one (21) days after receipt of the notice of the licensure action pursuant to M.G.L. c. 128, section 123. A request for an appeal should be submitted in writing to the Department. An adjudicatory hearing shall be conducted in accordance of M.G.L. c. 30A.

4. Approval

If approved, the Department may issue a license that will contain, at a minimum, the following:

- Full name and address of the applicant(s);
- Name and address of the Industrial Hemp operation;
- Department issued license number;
- Signature of Department representative;
- A written finding that the Grower/Processor has complied with M.G.L. c. 128, Section 116-123 and licensure is in the best interest of the Commonwealth; and
- Expiration date (all licenses will expire on December 31st of the year issued).

In the event of any material change to the information provided to the Department in the license application, including the growing location, the Licensee shall immediately notify the Department. Once notified, the Department will review the change to determine whether a new license application or an amendment to an existing license will be required. A licensee shall not implement any proposed changes without prior written approval from the Department.

5. Denial

Pursuant to M.G.L. c. 128, Section 119(b), the Department "shall deny an application for a license filed pursuant to section 118 if the applicant: (i) fails to satisfy the minimum qualifications for licensure pursuant to sections 116 to 123, inclusive; or (ii) for good cause shown." Good cause to deny an application may include, but not be limited to the following: failure to comply with this Policy or other statutes or regulations that govern the operation, problematic site location, or failure to provide additional information reasonably requested by the Department.

[3] These fees will be promulgated as part of 801 C.M.R. 4.00, in consultation with the Executive Office for Administration and Finance. Until further notice, applicants shall pay the fees listed above.

6. Renewal

All Growers and Processors will be required to submit a license renewal application prior to the expiration date of their current license. In order to ensure that the Department has ample time to review and issue the renewal, renewal applications must be submitted to the Department between October 1st and November 15th. The Department will review all renewal applications in accordance, with M.G.L. c. 128, Sections 116 through123 and all regulations, policies, and guidance that may be in effect at the time the renewal application is submitted. The Department will also evaluate the Grower or Processors previous participation with the Program. The Department may deny a renewal under the Section 119(b) if it determines the Grower or Processor have not complied with this Policy or other statutes or regulations that govern the operation.

II. GROWER INFORMATION

A. General Grower Information

1. Seed Acquisition

Pursuant to M.G.L. c. 128, Section 117(b) (ii), a Grower shall only acquire Hemp seeds from a distributor that has been approved by the Department. The Department shall deem a distributor to be an "approved distributor" if it:

- Produces certified seeds that contain no more than 0.3% THC; and
- Provides documentation to the Grower showing THC levels are no more than 0.3% at the time the seed is received by the Grower.

An applicant for a Growers license will be required to certify that they agree to obtain seed with the necessary documentation and to provide this documentation to the Department prior to planting the Crop, or otherwise upon request.

The Department may require that a distributor provide additional information before the distributor is approved to distribute seeds in the Commonwealth

A Grower may not obtain seeds without first obtaining a license issued by the Department.

2. Sign Posting
    a. A Grower must post a Department-approved sign at conspicuous points of entry to the area (greenhouse/field) where the Crop is grown. If there is more than one point of entry, a Grower must post a sign every 200 feet.
    b. Signs should be at least fourteen (14) inches by sixteen (16) inches with letters one (1) inch high and contain, at a minimum, the following:
        i. Statement "*Crop grown in this field is Industrial Hemp that is licensed by the Massachusetts Department of Agricultural Resources pursuant to M.G.L. c. 128, Sections 116-123*.";
        ii. Department issued license number;
        iii. Emergency contact information (Name and phone number); and
        iv. Department contact information: (617) 626-1700.

3. Reporting of planting information to the Department
    a. Upon the Grower receiving the seed, the Grower must provide the Department with a copy of the seed certification obtained from the seed distributor demonstrating that the seed is at or below the 0.3% THC level.
    b. No later than ten (10) days after planting of the Crop, the Grower must submit the Department approved Planting Form to the Department.

B. Inspection and Testing

The Department is authorized to conduct inspections and testing to ensure compliance of all activities authorized under M.G.L. c. 128, Sections 116 through 123. This includes compliance with the Policy as well as testing to ensure that THC levels of the Crop meet the limitations set by M.G.L. c. 128, Section 116.[4]

1. Inspections
    a. All Growers are subject to testing and inspections of Crops. The Department will make every effort to provide advanced notice of testing and inspections to the Grower unless such notice would impact the Department's ability to conduct necessary enforcement activities authorized by M.G.L. c. 128, Sections 116 through 123. Inspections will occur at the following stages:
        i. License application process: Prior to issuing a license, the Department may schedule a site visit to the property. The purpose of this visit will be to review information that was provided during the application process and to also ensure a better understanding of the growing operation.
        ii. Routine Sampling: The Department will test the Crop in order to ensure that the Crop does not exceed the 0.3% THC level, as required by the M.G.L. c. 128, Section 116. Sampling shall be conducted for all licensees prior to harvest and with the Grower present. Routine sampling will be scheduled in advance with the Grower or an authorized representative of the Grower
        iii. Record Inspections: The Department may conduct routine record inspections to ensure that the Grower is maintaining all necessary information. This may include plant nutrient applications (330 CMR 31.00) and any other record keeping required by law.
        iv. Follow up Inspection: The Department may conduct follow up inspections in order to determine if information provided by the Grower is true and accurate. This follow up may include planting and harvesting observations; sampling of the Crop; or additional record reviews. These inspections may be announced or unannounced.

2. Testing
    a. The Grower shall contact the Department no later than fourteen (14) days prior to harvest of the Crop or any portion of the Crop to schedule sampling for testing.
        i. The Department will collect samples of the Crop and bring material to a Department-approved lab for testing. The Grower or an authorized representative of the Grower must be present during the sampling.
        ii. The Grower shall harvest within ten (10) days of the collection of samples, unless otherwise authorized in writing by the Department. If harvesting after collection of samples but prior to receiving the sample results, the Grower must hold onto all harvested Crop material until a Certificate is issued from the Department.
        iii. The Grower shall submit the Department approved Harvest Form to the Department within ten (10) days of harvest.
        iv. If sample results show THC levels do not exceed 0.3% then a Certificate will be issued by the Department to the Grower. Upon receipt of a Certificate, the Grower may move the Crop off the licensed site if needed for processing or sale.

[4] M.G.L. c. 128, Section 122 provides that "[t]he department may inspect and have access to the equipment, supplies, records, real property and other information deemed necessary to carry out the department's duties under sections 116 to 123, inclusive, from a person participating in the planting, growing, harvesting, possessing, processing, purchasing, selling or researching of hemp, industrial hemp. The department may establish an inspection and testing program to determine delta-9 tetrahydrocannabinol levels and ensure compliance with the limits on delta-9 tetrahydrocannabinol concentration."

v. If sample results show THC levels exceed 0.3%, then the Crop is no longer considered Hemp and the Grower is prohibited from harvesting the Crop for Commercial purposes or engaging in any other activities under this Policy. The Grower may also be subject to civil or criminal liability under state and federal marijuana laws. The Grower may opt for a second round of sampling at his/her own cost. If the second round of sampling of the Crop show THC levels higher than 0.3%, then the Grower may opt for a third round of sampling of the Crop while still in the ground or harvested Crop at his/her own cost. In the event that testing results show THC levels higher than 0.3%, the Grower will be instructed to destroy the Crop. The Grower and Department will enter into a written agreement setting forth the terms of such resolution and the Department will be present for the harvest and disposal of any Crop that does not comply with M.G.L. c. 128, Sections 116 through 123.

3. Pesticide Use

The Department is charged with regulating pesticide use in the Commonwealth under M.G.L. c. 132B. The Department does not register any product that is not already registered by the United States Environmental Protection Agency ("EPA"). Currently, EPA does not allow the use of a registered pesticide on marijuana or hemp. There are products that are exempt from EPA registration as these products or the ingredients within them are considered minimum risk by EPA. Please refer to the following EPA website to find a list of products and active and inert ingredients that are exempt from registration: https://www.epa.gov/minimum-risk-pesticides. The Department does not approve or provide for the registration of products for use on marijuana, including Hemp.

In the event a Grower uses a pesticide in violation of M.G.L. c. 132B or the regulations promulgated thereunder at 333 CMR 2.00 through 14.00, they may be subject to enforcement action by the Department.

4. Energy Efficiency and Environmental Standards

Until such time that the Department issues its own policy on energy efficiency and environmental standards, any indoor facility used for Industrial Hemp cultivation, including greenhouses, must comply with guidelines issued by the Cannabis Control Commission, in consultation with the working group established under section 78(b) of the Act. If the Commission has not adopted guidelines by the time a Grower license is approved by the Department, the Grower is responsible for reviewing and understanding any guidelines that are adopted after that time. The Grower must ensure compliance with such guidelines, or other Department policies, issued by the time of the Grower's application for license renewal.

C. Post-Harvest Activities

1. Transport of Crop

Only a Grower or Processor licensed by the Department may transport Industrial Hemp and no Crop, or any portion thereof, may be transported without a copy of the Certificate issued by the Department. The Licensee must ensure that this Certificate stays with the Crop at all times and accompanies all shipments of the Crop, including any portion, so that anyone coming into contact with the Crop has access to written documentation demonstrating that the Crop was grown in compliance with M.G.L. c. 128, Section 116 and this Policy.

2. End of the year reporting

The Grower shall submit an end-of-year report, on a form prescribed by the Department, with their renewal application or December 1st if not applying for renewal for the following year to the Department indicating, at a minimum, the following information:

i. Variety Grown
ii. Purpose of Crop

iii. Harvested amount
iv. End destination or use of Crop
v. Volunteer Plants, if any occurred and how they were managed

3. Volunteer Plants

It shall be the responsibility of the license holder to monitor and destroy Volunteer Plants that are discovered outside of the licensed growing area.

III. PROCESSOR INFORMATION

Processors are divided into two different categories based upon their activities:

- Extractor: Processor that removes Industrial Hemp from the plant. The Extractor will produce items such as fiber, seed, and oil from the plant.
- Manufacturer: Processor that creates an end product that is packaged, labeled and ready for sale from Industrial Hemp such as but not limited to cloth, infused products, building products, and edibles.

There are different duties and responsibilities as described below depending on the type of Processor activity. A Processor can be both an Extractor and a Manufacturer. A Processor may only take Industrial Hemp from a Massachusetts licensed Grower, unless otherwise authorized by federal law. The Department will require documentation demonstrating that such federal authorization is permitted.

1. Duties and Responsibilities of the Extractor:
    a. An Extractor may only receive Crops from a Massachusetts licensed Grower.
    b. The Crop must have the Department issued Certificate accompanying the Crop, which certifies that the Crop does not exceed 0.3% THC.
    c. At the time of the receipt, the Extractor must assign the Crop a lot number that corresponds with Grower information such as name, address, contact information and maintain records relative to the receipt of the Crop. The records shall include, but not be limited to:
        i. Date of receipt
        ii. quantity received
        iii. Grower information, including name, address of fields that were grown on, license information and contact information.
        iv. Copy of the Certificate
        v. Lot number assigned by Extractor
    d. An Extractor shall keep records for each batch processed. The records shall be kept for a minimum of three (3) years and shall include, but not be limited to:
        i. Date of extraction
        ii. Batch number, including the lot number
        iii. Type of extraction method
        iv. Amount extracted
        v. What was extracted (grain, seed, fiber, oil, CBD)
        vi. Lab testing results

2. Testing Requirements for the Extractor
    a. If the Crop will be used for human consumption or absorption (including but not limited to, inhaling, eating, drinking, swallowing or topical application), the finished extraction must be tested at the times required by and for the following in accordance with Department of Public Health ("DPH") testing protocol ("Protocol")[5],[6]:

[5] https://www.mass.gov/files/documents/2017/12/20/105cmr725.pdf

i. Cannabinoid profile
ii. Solvents
iii. Pesticides
iv. Metals

b. All testing is the responsibility of the Extractor and must be done at a lab that has been registered by DPH to perform such testing[7].

c. All lab results must be sent to the Manufacturer with the finished extracted product.

d. The Extractor shall send all lab reports to the Department within seven (7) business days of receipt of the results.

e. If test results for the finished extraction exceed the limits set forth in the Protocol, then the finished extraction shall not be used in any product for human consumption or absorption. The Extractor therefore shall not sell the finished extraction to any Manufacturer or any other entity, or otherwise sell or use the extraction for human consumption or absorption. Instead, the Extractor may either destroy the product or work with the Department to find an alternate use for the finished extraction. Should an alternate use be found, the Extractor will enter into a written agreement with the Department setting forth the terms of any such resolution.

3. Duties and Responsibilities of the Manufacturer
   a. The Manufacturer shall only receive extracted product (such as oil, seed, and fiber) from a Massachusetts licensed Extractor
   b. At the time of the receipt, the Manufacturer shall assign the extracted product a lot number and maintain records relative to the receipt of the extracted product. The records shall be kept for a minimum of three (3) years and include, but not be limited to:
      i. Date of receipt
      ii. Amount received
      iii. Extractor or Grower information including name, license number, and contact information.
      iv. Lab results indicating cannabinoid profile, solvents, pesticides and metals
      v. Extractor assigned batch and lot number
   c. When the Manufacturer produces an end product, records shall be kept for a minimum for three (3) years for each batch of the end product. The records shall include, but not be limited to:
      i. Date of production
      ii. Batch number (must include lot number)
      iii. Amount produced
      iv. Name of product

4. Labeling Requirements for the Manufacturer
   a. Manufacturers shall ensure that any products that will be used for human consumption and absorption (including but not limited to inhaling, eating, drinking, swallowing or topical application), are labeled in clear, legible wording no less than 1/16 inch in size on each container.

[6] https://www.mass.gov/service-details/medical-use-of-marijuana-program-product-testing
[7] https://www.mass.gov/files/documents/2017/12/20/mmj-laboratory-registration-policy.pdf

b. Labels shall be firmly affixed and shall include the following:
    i. Manufacturer name, license number and address
    ii. Cannabinoid profile (Must include THC and CBD concentrations, if any)
    iii. Batch number
    iv. Statement "*This product is derived from Industrial Hemp.*"
    v. Statement "*This product has not been analyzed or approved by the FDA.*"
    vi. Statement "*This product derived from Industrial Hemp has not been tested or approved by the Massachusetts Department of Agricultural Resources.*"

IV. Enforcement

The Department will make every effort to work with Growers and Processors to provide compliance assistance. However, it is the responsibility of the Grower or Processor to review and understand M.G.L. c. 128, Sections 116 through 123 and this Policy. Failure to comply with the Department's requirements under this Policy may result in revocation or denial of a license. In addition, failure to comply with the requirements may result in the issuance of fines. An entity has the right to appeal any enforcement action under M.G.L. c. 128, Section 123.

Pursuant to M.G.L. c. 128, Section 123, "[t]he department may establish civil administrative fines for violations of sections 116 to 123, inclusive. A person aggrieved by the assessment of a fine under this section or a licensure action under section 120 may appeal by filing a notice of appeal with the department not later than 21 days after the receipt of the notice of the fine or licensure action. The adjudicatory hearing shall be conducted in accordance with chapter 30A."

The Department will determine the amount of any fines imposed based on the nature of the violation, and considering all relevant factors including the ability for the violation to be corrected, severity of the violation, willfulness, impact to public health and safety.

Town of Arlington, Massachusetts

Tobacco Regulation Update

Environmental Update

Restaurant Updates

Town of Arlington, Massachusetts

Public Health Nurse Updates